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HOSPITAL ORGANIZATION

By L. L. DOCK

WITHIN the last year or two various papers have been written on the subject of hospital organization ("Report of the Committee on Hospitals, Dispensaries, and Nursing," Stephen Smith, M.D., Chairman, read at the Second New York State Conference of Charities and Correction; "Observations on Hospital Organization," by George H. M. Rowe, M.D., read at the Fourth Annual Meeting of the National Association of Hospital Superintendents), and as regards the training-school and nursing work which forms a part of every hospital of importance, these contributions show so inadequate a grasp of the relation of what one paper calls the "women-folks" to the whole that it may not be out of place to consider the views advanced therein from the standpoint of the said "folks."

Dr. Smith writes: "The superintendent of the hospital should be appointed by the Medical Board with the approval of the managers. . . . The term of service of the superintendent should be three years, but he should be eligible for reappointment. The matron should be the superintendent of the training-school for nurses, and after the first class has graduated *she should be selected by the Medical Board,** by preference from the list of graduates of the school, and approved by the managers. *The term of service of matron should be five years, but she should be eligible for reappointment. . . .*

"In the organization of the training-school, the Medical Board should exercise full authority under the managers. It should prescribe rules and regulations governing the school, arrange the course of instruction, select the instructors, appoint the superintendent of the training-school, and examine the candidate for graduation.†

* Italics are mine.

† Miss Lillian D. Wald, director of the Nurses' Settlement, New York City, and a member of the Committee on "Hospitals, Dispensaries, and Nursing."

This plan, it will be seen, gives the trustees little or no real share in the hospital management beyond appointing the Medical Board, and, submitted the following minority report, which is here incorporated in the proceedings of the conference.

Miss Wald takes exception to that portion of the report which recommends that a superintendent of nurses be selected from the graduates of the school, and that such superintendent be appointed by the Medical Board. Miss Wald thus states her objections:

"SELECTION OF SUPERINTENDENT OF NURSES FROM GRADUATES OF THE SCHOOL.

"While this may often be the most successful plan, yet it cannot be stated as a fixed principle.

"Its disadvantage is that it tends to narrowness; and the best development of the school is often attained by bringing in from the outside a head who may infuse fresh vitality and bring new ideas into the life of the school.

"THE SUPERINTENDENT OF NURSES—FIRST HER APPOINTMENT BY THE MEDICAL BOARD.

"This might also work well in individual cases, but the principle is wrong. The superintendent of nurses is one of the most important administrative officers of the hospital, and her selection is as much the rightful privilege of the trustees of the hospital as is that of superintendent.

"The superintendent of nurses has a three-fold responsibility:

"1. To the managers of the hospital on the side of household economy and harmonious ordering of the domestic side of ward work; also for the reputation of the training-school with the public, that it may have the confidence of patients and attract a high class of women nurses.

"2. To the medical staff for the performance of orders and treatment of the sick.

"3. To the women who enter the school and to their friends and families, not only for their proper education, but also that they are protected and given due position and consideration.

"A superintendent of nurses appointed by the Medical Board will almost inevitably overdo her responsibility to them and slight her other two equally grave responsibilities.

"While theoretically the interests of all are identical, in practical details one set of interests will crowd the others unless the superintendent of nurses is a balance-wheel to preserve all in a due state of equilibrium.

"Examples: The Medical Board may require her to supply special nurses to pay-patients beyond her capacity, thus understaffing the free wards; or they may ask for special nurses for free cases beyond the number which the hospital is financially able to support; or in many ways may so add to the clerical and serving work of the nurses as to make a staff which *ought* to be quite adequate for all nursing work practically insufficient. To such demands the superintendent of nurses must be able to say 'No,' with the knowledge that she is also to guard the interests of the trustees, and that they will uphold her.

"HER APPOINTMENT FOR FIVE YEARS.

"This, if practised, would have most unfortunate results. The best woman would refuse the position under such a condition. As the end of her term

presumably, supplying the funds. How this arrangement would personally affect the superintendent of hospital I will leave him to say.

Certainly, it would leave the superintendent of nurses without firm ground under her feet when nurses had to be changed for training, or when unlimited "specials" were demanded, and under such a system nurses and nursing would quickly revert to a former type, survivals of which may be seen to-day in those Austrian and French hospitals where the entire control of nursing arrangements is in the hands of the medical staff. Dr. Smith is right in unifying the work of matronship with nursing, and he also is right in quoting Miss Nightingale's dictum * that the discipline of the nurses should be left entirely to the head of

approached, her duties would be neglected and her attention distracted by the wish for reappointment; she would cultivate those with influence; would learn to pull wires, to be unduly subservient, and the whole atmosphere of political jobbery would be introduced. If not actually working for reappointment, she would be suspected of doing so, and her subordinates would lose confidence in her motives.

"She should be appointed during satisfactory service, and dismissed at any time when the interests of the school required." (Extract from the "Report of the Second New York State Conference of Charities and Correction.")

* Extracts from the Hospital Commission of the English Government in 1900:

"The 'Suggestions' printed in Appendix K to the first volume of the evidence show clearly what are Miss Nightingale's views on this subject.

"She says: 'The superintendent (*i.e.*, matron) should herself be responsible to the constituted hospital authorities, and all her nurses and servants should, in the performance of these duties, be responsible to the superintendent only. No good ever comes of the constituted authorities placing themselves in the office which they have sanctioned her occupying. No good ever comes of anyone interfering between the head of the nursing establishment and her nurses. It is fatal to discipline. She should be made responsible for her results, and not for her methods. Of course, if she does not exercise the authority entrusted to her with judgment and discretion, it is then the legitimate province of the governing body to interfere and to remove her. It is necessary to dwell strongly on this point, because there has been not infrequently a disposition shown to make the nursing establishment responsible on the side of discipline to the medical officer or the governor of the hospital. Neither the medical officer nor any other male head should ever have power to punish for disobedience. His duty should end with reporting the case to the female head, who, as already stated, is responsible to the governing authority of the hospital. The matron should be responsible to the government of the infirmary alone for efficient discharge of her duties, and the nurses should be responsible to the matron alone for the discharge of their duties.'

"The opinions thus expressed by Miss Nightingale appear (so far as the evidence shows) to be generally adopted in the metropolitan hospitals, both (as already stated) by the medical staff and also by the governing authorities themselves."

nurses; he, however, fails to see that under his plan of organization this possibility would be entirely destroyed.

Dr. Rowe, who is one of the most notable executives to be found in hospitals, gives quite a different picture of the relationship proper between trustees, medical staff, and hospital superintendent. He is strong in his ideas of organization and discipline on what may be called the men's side, but weak in those affecting the women of the hospital. While he describes the trustees or Board of Managers as the ultimate source of power, yet so far as the women's departments are concerned he would have this but a power in the abstract. He says:

"The trustees should choose the executive officers and control the appointment of other officers; naturally, an unpaid board of busy men in a large hospital must rely on the superintendent to investigate the fitness of applicants for positions, *even depending on him to nominate the more important ones, such as . . . matron, superintendent of the training-school, . . . etc.*" *

And again: "He should take charge of the general management of all the affairs of the hospital, except the professional care of the patients. . . . *He should select the officers, employés, and servants of every grade. . . .*"

Later on he speaks disapprovingly of the trustees appointing the superintendent of nurses and making her responsible to themselves, his criticism being that this places her "*outside the jurisdiction of the superintendent.*"

In the discussion that followed his paper another hospital superintendent remarked:

"That brings us back to the point of whether the head of the training-school should be responsible to a committee of the Board of Managers or should be responsible to the superintendent of the hospital. The superintendent of the hospital, if he be a fair man, needs to be supported by his managers; he should be responsible to that Board of Managers, and every head of the different departments should be responsible to him as the executive officer of that board."

Another said: "He (the superintendent) has absolute authority in the administration of the affairs of the hospital. He does not interfere with the treatment of patients, but . . . *Under him are † superintendent of nurses and a matron.*"

This subordination of the chief woman executive is what Dr. Rowe calls the "unal" plan.

The term "unal" is obviously misleading and inaccurately used, for

* Italics are my own.

† Italics mine.

it is at once evident that, since the medical staff is left out, it does not cover the entire hospital organization. The papers above quoted all specifically mention the medical portion of the hospital work and the medical set of hospital officials as not coming under the *full* control of the hospital superintendent, and completely "unal" control is therefore not in question. Need it follow that disorder will result? Not at all, for the superintendent of the hospital will always hold a check over all parts of the hospital work, by which he may maintain the equilibrium of the whole. Dr. Rowe's use of the word "unal" really signifies the subordination of the training-school part of the work.

Would equality of position for the training-school superintendent—always bearing in mind that in points relating directly to the hospital as a whole she will necessarily defer to him—mean "dual" control? Even if it did, it might be proper to modify views such as those quoted above, for, after all, what is a hospital? It is simply a large family, as Dr. Rowe also calls it, resting upon a basis of housekeeping and presenting in an extreme form all the problems of the family. The orthodox conception of the family in many countries and many centuries was of course on the "unal" plan, the man being the unit. But modern states are abolishing by legislation this "unal" form and are replacing it by a dual constitution of the family. The woman has long had equal property rights in many States, and she is now becoming equal guardian of her children. With the disappearance of patriarchalism the modern family is seen to have two heads,—on the principle, I suppose, that two heads are better than one.

However, in hospital work I staunchly advocate having one: work goes much better so, and this one I take to be, by rights, by logic, and by common-sense, the trustees or managers, whatever their corporate name may be.

Nor would I have this headship an abstract or academic thing, but a practical working authority.

There can be no doubt whatever that the trustees are really the heads of the hospital. The superintendent might be removed, and the hospital might, conceivably, run on after a fashion. The superintendent of the training-school might be eliminated, but the hospital would still continue. Even the Medical Board might go, and the hospital need not cease to exist. But remove the trustees finally and irrevocably, and the hospital comes to an end. The trustees thus being the true source of power, why should they not appoint the superintendent of nurses, who is undeniably an important executive officer, and make her responsible to themselves?

In the minds of the large majority, as I believe, of nurses who

have had hospital experience there is every reason why they should do so, and no reason why they should not. One might except hospitals of small or medium size, having a trained nurse in the position of hospital superintendent. Even in such cases, should the hospital grow large and administration complex, it would be the proper system to make the superintendent of nurses responsible to the trustees, as the woman who was strong as a financier and general executive might be, and very possibly would be, less interested in the teaching side, and therefore should not be allowed the possibility of hampering or restricting that very important branch of the service.

The basis of this feeling among hospital women is, that ward management and nurse training are becoming such highly developed and many-sided pieces of expert work that they are rising entirely out of the position of "subordinate departments," which Dr. Rowe assigns them.

Indeed, it seems as if the entire organization plan of a great hospital should be grouped in larger sections, and that some new technical terms should be introduced into it to describe such sections. It might, for instance, be considered that a large hospital, or even one of moderate size, was made up of three sections, each section being composed of numerous departments, and each department consisting of several or many sub-departments, so finally coming down to the individual workers. They might be so arranged:

Section I.—That part belonging to the physicians and surgeons. This could, surely, only be most improperly called a department of the hospital, and it is usually divided into a number of departments.

Section II.—The business part of the hospital, including all that is usually looked upon as the man's share of family responsibility,—viz.: the providing of supplies, maintenance, renovation, finance, with all the departments and sub-departments coming under such classification.

Section III.—All that part usually described as "woman's work,"—viz.: the utilization of supplies, home-making, housekeeping, teaching, nursing.

While this distinction between men's and women's work is not at all scientific, it follows the usual custom of modern hospitals, and were we even to suppose that hospitals were conducted entirely by men or entirely by women, this would still be the logical and smoothly-running division of work and responsibility.

As an actual fact, it is the failure of men in general to understand or to *practically* recognize women's work, and the quite common failure of hospital superintendents and the medical staff to comprehend the

province of the superintendent of nurses, that is at the bottom of most of the "friction" found in hospitals.

In a business, or in a home, or in a hospital, where everyone has a complete understanding of the duties, the responsibilities, and the rights of all the others, friction will be minimized. For what is "friction"? It is an effort towards adjustment; it is the protest of the disorganized and unsystematized.

In a disorderly business, or home, or hospital, where no one knows exactly what another one ought to do or has the right to do, there *ought* to be friction, for otherwise there would be dull acquiescence in all sorts of improper arrangements—one of the worst of conditions.

Dr. Rowe speaks wisely when he advocates placing the matronship and the training-school work under one head. They belong together, and to separate them is like setting the sides of the body in opposition.

Under different heads, the matron's ideal is to conserve her stores; the nurses', to use them up. Even the best of nurses are inconsiderate towards the laundry and linen-room until the weight of responsibility for these portions of the hospital is brought home to them.

The kitchen also belongs to this division, though I am quite well aware that as yet few superintendents of nurses are ready to take it. Nevertheless, this is its logical and proper place.

I do not forget, either, that it is quite possible to have good results with the right people under a poor system, and poor results with the wrong people under a good system.

But if the system is upon the right lines and a sound foundation, then one has the best reason for hoping to find the right individuals.

Now to examine a little more closely the composition of Section III., it might be charted thus.

SECTION III.—DEPARTMENTS.

1. The housekeeping of the wards and of the entire house, including the engaging and management of maids.
2. The laundry, with its service and records.
3. The linen-rooms and supply-rooms, with the bookkeeping incidental thereto.
4. The sustenance of the patient and of the entire family, including the management of the kitchen and diet-kitchen, cooking lessons, the purchasing of food supplies and the account-keeping of the same, or else the requisitioning of the needed supplies.
5. The nursing of patients, including the engagement and employment of orderlies, the requisitioning and preparation of surgical supplies, and the book- and record-keeping involved.

6. The conduct of a school where the character of the pupils must be peculiarly important, where technical training must be practised upon human beings, and where the standard of theoretical teaching is constantly rising. Add to this, that the responsibility of this school to the public is of a most serious and special nature, perhaps even beyond that of the medical school, necessitating discipline of a rigidly ethical kind.

Is it to be wondered at that a woman, or, let us say, a person—for the point I wish to make is not for the woman, but for the proper way of arranging work—prepared by special training and experience, and who is charged even with departments 5 and 6, and part of department No. 1, should feel that she is hampered and handicapped if she is not able to present her problems and her budget directly to the trustees, who are the final power?

She cannot often feel sure that the superintendent of the hospital understands all of her work well enough to represent it for her, or to direct it through her. Nor, if she is in this irrationally subordinate position, does she always feel free to develop her initiative.

It may be said, "Will she be any better off with the trustees?" At least, she will have the same opportunity the hospital superintendent feels to be so important for himself,—that of educating them,—and they will be likely to treat her, if she is the right woman, as he wishes himself to be treated, namely, to agree with her as to general lines, leaving her the details. May it be said, "Can she not hold this relation to the hospital superintendent with equally good results?"

No, for he does not possess the final power. He must himself go to the trustees for his authority, and if, overburdened with his own claims and problems, hers are lost in the transition, who can wonder? Dr. Rowe regards this system with such disfavor that he asks, "Is not such a system illogical, unbusiness-like, conducive to friction, shifting the various responsibilities, subversive of the best discipline, and tending to disrupt the household family?"

Fortunately, it is not necessary to argue this question from an academic standpoint, for there are concrete examples of hospitals established on this basis.

What are the actual facts? The hospitals having this plan of organization are conspicuously distinguished by good management, good discipline, absence of friction (comparatively speaking), definite placing of responsibility, and last, but not least, by a quite noticeable atmosphere of cordiality and courtesy. Why not, when each one has respect for the other's position? In such hospitals the matron and principal

would be more likely to go freely to the superintendent for consultation than under the "unal" plan.

But there are other significant facts to be noticed in connection with this organization plan.

Within the last few years we have seen several long-established institutions change their system from the plan which Dr. Rowe advocates to the one which he criticises. Why? Because their nursing was stationary, and because they could not secure the women who would undertake a subordination which would prevent progress. I have known, for instance, of a hospital superintendent who hampered to such an extent his superintendent of nurses that she was obliged to spend time in carrying pins around to the wards, which she should, instead, have given to reorganizing and supervising the nursing service. In this hospital pupil night-nurses were required to go in person to doctors' rooms to report.

It would also be easy to mention hospitals which have failed to secure the women they would have liked to engage for teaching work because they were not yet prepared to abandon these autocratic ideas as to the position of a training-school superintendent.

The regard of the well-trained nurse for her own profession and for her professional chiefs, the medical men, is such that she desires for herself a truly dignified position, believing that she will thus best honor her own state, and best deserve the regard of the medical profession. Besides, it is, I believe, the duty of Boards of Trustees to be personally familiar with all the details of the work for which they are responsible to the public, and this is impossible unless they personally assume those direct relations with the heads of hospital sections which bring them into close touch with all sides of hospital work.

HEMORRHAGE IN TYPHOID FEVER

By RUTH BREWSTER SHERMAN

Graduate Johns Hopkins Hospital School for Nurses

THIS topic falls under two heads, both of which must be noticed, though only the second calls for particular attention.

1. *Hemorrhagic Typhoid.*—This type of the familiar fever is marked by a general hemorrhagic diathesis of the patient. It is, fortunately, very rare and not always fatal; few cases are on record and most of those have ended in recovery.

2. *The Intestinal Hemorrhage.*—This is a complication dreaded

by all physicians and nurses, and few indeed are those who do not at some time have to deal with it. In the ambulatory form of typhoid a hemorrhage from the bowels may be the first marked symptom, but in typical cases it is most common during the third week,—the time of the separation of the intestinal sloughs. The sloughing seems to be the direct cause of hemorrhage, but the bleeding may also come from the congested edges of the ulcerated Peyer's patches, or it may sometimes result simply from intense hyperæmia. Dr. Osler, in reporting six hundred and eighty-five cases of typhoid ("Practice of Medicine," pp. 10 and 24) says: "I was not able in any instance to find the bleeding vessel. In one case only a single patch had sloughed and a firm clot was adherent to it. . . . Melæna may be part of the general hemorrhagic tendency, in which case it is associated with petechiæ and hæmaturia." Among other causes must be counted a family predisposition to bleed in typhoid fever. A remarkable instance of this is given in the *North Carolina Medical Journal*, September, 1894, where Dr. Pate reports thirty-four cases occurring in four generations of one family within seven years.

Hemorrhage may be expected in all severe attacks of typhoid and, in fact, is present in about three to five per cent. of all cases. It is reported as present in thirty-three of Dr. Osler's six hundred and eighty-five cases, and in ninety-nine of two thousand fatal cases in Munich. Some authorities do not regard it as a very dangerous symptom, yet statistics show death to follow in from thirty to fifty per cent. of all cases where hemorrhage occurs,—*e.g.*, in sixty cases of hemorrhage reported by Dr. Curtin twenty-eight died, and in fifty-six deaths reported by Dr. Osler eleven were from hemorrhage. It is rarer in children. Dr. Holt ("Diseases of Infancy and Childhood," p. 1012) reports of nine hundred and forty-six cases of typhoid in children, hemorrhage in only thirty, and those mostly children over ten years old. This follows naturally on the fact that the Peyer's patches are not developed in any large number under the age of twelve or fourteen years. The fatality in children is the same as in adults,—from one-third to one-half of the victims die.

Hemorrhage usually comes on without warning—at least, a visible warning—to the nurse, though there is sometimes a fall in temperature, even eight or ten degrees in a few hours. The patient may feel a sensation of sinking or collapse, and sometimes fatal collapse takes place before any blood escapes from the bowels, but, fortunately, this does not always happen. Sometimes there is only a little blood in a stool, but more often there is a sudden free hemorrhage which gives warning of danger and anxious times to come, if, indeed, it does not speedily end in death.

Treatment is simple and confined to but few things. The foot of the bed is elevated, full doses of acetate lead and opium are given, ice freely, but the nourishment restricted for several hours following, morphia hypodermically, turpentine and ergotine by mouth; if collapse threaten, stimulants are used, with ether hypodermically, and in this event, or where the loss of blood has been great, infusions of salt-solution.

One other thing remains, easy to think of, invariably ordered by the doctor, but very hard sometimes for the nurse to carry out. This is *absolute rest*, without which other measures avail little. It is, indeed, a serious trial to a nurse who is used to keeping her patients immaculate to force herself to leave the invalid unbathed after a hemorrhage, the bed unchanged and a pool of blood, to withhold the bedpan when it is needed and quietly allow the bed to be still further soiled. But it must be done; let "hands off" be her watchword, and if the patient lives, her reward is exceeding great. Two instances come to mind as I write, and urge this point better than any words of mine can do.

The worst case of typhoid I ever saw recover was in hospital in the autumn of 1899, and was of such severity as to attract the attention of all the medical staff. The patient, a young colored woman, prostrated and emaciated to the last degree, had repeated profuse hemorrhages. Before the second appeared the doctor's mind was made up and the nurses had their orders: no more washing of our patient or changing of the bed for hours after the flow; no more use of the bedpan; no morning "doing up" until the hour he authorized. Clean face and hands and a clean counterpane on the bed,—with these the nurses must content themselves. And the patient lived.

That same year a family in the country taxed their resources to provide a well-recommended nurse for their idolized only daughter, who had begun to have hemorrhages. The physician, who had a record of special success with fevers, ordered absolute rest—a direction which the nurse modified to meet her ideas of cleanliness. Driven at last to extremes, the doctor directed that, hemorrhage or not, the patient should have no bath and no changing of bed-linen until after his visit the next day. This time there was no bleeding, the invalid seemed a little better in the morning, and, a slight accident happening, the nurse yielded to the temptation to bathe her patient just partially and change her gown. This was done, and the immediate consequence was a severe hemorrhage, of which the young girl died.

In speaking of this the doctor always says: "She was very ill, but I did not expect her to die, and still firmly believe she would have lived if my orders had been obeyed. I think the nurse was directly responsible. The poor girl was literally 'nursed to death.'"

Such cases are exceedingly rare, but they are easily recognized, and require exceptional judgment, and absolute obedience to the physician's orders on the part of the nurse.

FRENCH HYDROTHERAPY

(DIVONNE-LES-BAINS)

By MARY CLOUD BEAN

Graduate Johns Hopkins Training-School

PROBABLY but few nurses in America have an acquaintance with the several water-cures in Southeastern France and neighboring Swiss localities extending beyond their names alone. Aix, Vichy, Divonne, or Bex convey very little until the attention has been specially drawn to these places. If it has been one's good fortune to know them rather intimately, one rejoices to pass on the good word, hoping that others, nurses or not, may come and see and learn. And there really is much to learn, for with all our expert care of the sick in our own land, we often fail in just this point of hydrotherapy. To find it under ideal conditions one might try Divonne, a French *établissement* located a few kilometres from Lake Geneva in an expanse of green country, village-dotted, looking to the east on the lake towards the Alps, crowned by the eternal snows of Mont Blanc, to the west on the softer slopes of the Juras, and everywhere the charm of hill and valley, enchanting white roads, and peaceful vistas, making walking a delight and a drive a thing to be remembered. The perfection of French road-making entices bicyclers and automobilists, and there are possible excursions in all directions, both near and far. Twelve hours puts the traveller in Paris, a day in Berlin, and less than twenty-four hours in London, and the local interest is inexhaustible. This section was the scene of early Roman invasion, and while the antiquarian here beholds traces of the powerful impress of the Cæsars dear to his heart spread in half-a-dozen directions, an hour away and leading farther along the lake and up the Rhone Valley the student of later history also finds his wants supplied, and here at the touch of his hand is the château of Coppet, the home of Necker and Madame de Staël, where all the great minds of the day gathered to do honor to one of the most brilliant women the world has ever known, the residence of Voltaire at Ferney, the place of Calvin and J. J. Rousseau at Geneva, the home of Gibbon at Lausanne, and memories of Byron and the "Prisoner of Chillon" just around the lake, with many a story of proud Savoyard and prouder Frenchman. The

very name Divonne (*Divona*, fountain visited by the gods) is redolent of the Roman past and of the altar here erected to the goddess of the waters, and in the grounds of the *établissement* are found inscribed the words of the Latin poet Ausone, *Fons ignote ortu, sacer duo, perennis . . . medico potabilis haustu.*" Not one, but several springs give forth their waters here, seventy thousand litres a minute, at a temperature of six and a half degrees centigrade, and the douches are employed under considerable pressure from this temperature up to a degree of heat that apparently parboils the skin of the patient. It is the cold douche, however, either alone or as finish to the Scotch or hot douche, that does the real work, and not so greatly because of its temperature as from its manner of application, for it is in giving a cold douche—a brisk, sharp application of the hose of not more than a few seconds' duration all over the body—that Divonne doctors excel. They play their stream of water as a great artist plays his musical instrument, and new life comes from it. It is a *coup de fouet* that wakes up the life within and brings back to vigor the neurasthenic of no matter how many years' duration, replaces worn-out tissue, recreates brain and nerve, and cures a multitude of ailments of nervous or digestive origin. To do all this by such seemingly simple means requires knowledge and training and the sympathy, again, of the true artist. And back of all is the scientist, the man who *knows* what his patient needs of régime, of rest, of encouragement or repression, of moral guidance and control, and who exacts a careful obedience to his instructions. Other factors of the cure at Divonne are rest in the open air,—a great deal of this, in a delightful park (strict Weir-Mitchell rest cure first in some cases),—exercise, always out of doors, when possible, at games or walking, massage, well-ordered diet, and recreation to suit the case. Nurses are made use of only in special cases or to please the patient. Divonne is not solely given up to the very ill. There is an excellent leaven of health. Whole families come here, and to go once to Divonne is always to go again; the *visite de reconnaissance* sometimes extends itself to twenty years after the cure. If a criticism may be made against the place, it is that the month of August, the French season, is somewhat too gay, and that a company of four hundred people, half of them on pleasure bent, however well-cared for and most comfortably lodged in a vast extent of hotel space, rather interferes with the liberty of the invalid. But Divonne's doors are open all the year, and one need not be in terror of even August there. The cosmopolitan life of the fall season is interesting too, and of Divonne a recent French medical report says, "*Sa vogue grandit d'année en année, surtout dans les milieux aristocratiques et intellectuels.*" Certainly one meets delightful people at Divonne,

and it is never at all depressingly a "cure" place. It has too much space and freedom for that, and there is on the part of the management a vivid realization that the invalid wants comfort as well as cold water for his restoration to health—the comfort of a good French cuisine, good bed, good attendance, and a cleanliness that is perfection.

BACTERIA IN THEIR RELATION TO HEALTH AND DISEASE *

By CHARLES DEAN YOUNG, M.D.

Assistant Visiting Physician to the Rochester City Hospital

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By the term "sterilization" is meant the destruction of bacteria by heat. This may be accomplished in two ways,—either by dry heat or by moist heat in the form of steam. Dry heat has a relatively limited application, as the temperature must be higher and the exposure longer than when moist heat is used. Knives, needles, scissors, and other metal instruments may be sterilized by direct heating in the open flame, a moment only being required. For objects that cannot be submitted to the direct action of the flame and yet can withstand prolonged heating at high temperatures, such as test-tubes, glass plates, microscope slides, and cover-glasses, the sterilizing-oven is used. Here we must obtain a temperature of at least 300° F., and maintain it for not less than one hour. The reason for this prolonged exposure to such a high temperature is that, while bacteria in their common form are not particularly able to withstand moderately high temperatures, the fruits or spores, about which we shall learn more soon, are perhaps the most tenacious of life among all the organized beings of the world. Of course, if the spores be not killed, the instrument is not sterile, as when suitable conditions of moisture and nutriment are supplied these spores will rapidly develop into bacteria.

Sterilization by steam is practised with all culture-media,—the substances in which bacteria are grown for purposes of observation. These culture-media, composed largely of decomposable organic materials, would be rendered entirely worthless if exposed to the dry method of sterilization. So too with cotton and woollen fabrics, bedding, clothing, etc. The penetrating power of steam is far greater than that of dry heat. Spores which resist the action of dry heat at very high temperatures for a long

* Read before the nurses of Rochester City Hospital in 1892.

time are killed by a few minutes' exposure to steam. Steam when freely escaping has the temperature of boiling water—212° F. Substances exposed to a current of steam for half to three-quarters of an hour are rendered sterile. Now, there are some substances, such as blood serum, which cannot be raised to the boiling-point without destroying their usefulness as culture-media. For such substances the method of "discontinuous sterilization," as it is called, is employed. As already stated, bacteria in the growing stage are much more easily killed than in the resting or spore stage. If a medium be exposed to a temperature of 130° to 140° F. for three or four hours, all of the growing bacteria are killed. If now it is kept in a room at a comfortable living temperature, the spores, which were *not* killed, will develop into bacteria. After twenty-four hours these newly-formed bacteria are killed at the same temperature employed the day before and the medium is again set aside for further development. It has been found that such intermittent sterilization kept up daily for a week is sufficient to render the medium absolutely sterile, if it has been properly protected from contamination from without. This is best done by stopping the mouth of the vessel containing the medium with a good plug of common cotton wool. Cotton wool if kept dry is a good germ-filter without any special preparation. It admits the air, but holds back the bacteria. Test-tubes, flasks, bottles, and other glass vessels are provided with these plugs in advance, and then all sterilized together by placing in the dry oven. Then as long as the cotton plug is in place the vessel is sterile on the inside.

Bacteria, except a few of the more dainty pathogenic forms, are able to subsist on almost any kind of nutriment, especially if it has a slightly alkaline reaction. In searching for the most suitable culture-medium it was found that beef-tea furnishes the most acceptable nutriment to the vast majority of the bacteria. This has to be prepared in a special way to be sure that it may be perfectly transparent and of the proper reaction. And so for our recipe we must go not to Mrs. Rorer, but to Robert Koch.

But with fluid media alone progress would be slow and extremely laborious, owing to the difficulty of isolating single species. It was observed that slices of boiled potato left exposed to the air for a time and then kept a day or two where they could not dry up were dotted here and there with small white-colored points which increased quickly in extent until they at length covered the whole slice. These were found to be collections of micro-organisms, and, further, it was found that each point contained only bacteria of one and the same kind. The acuteness of Koch enabled him to realize the advantages of this isolation of species. Soon the brilliant idea occurred to him of combining the advantages of

solid and fluid media in one, and at the same time getting rid of the disadvantages of both. This he did by changing the liquid media into solid ones by the addition of a transparent substance capable of consolidation. This substance is *gelatin*. It melts at about 75° F., and at higher temperatures is perfectly fluid. Then it returns to the solid state at temperatures below 75° F. and forms an almost colorless mass of glassy transparency and jelly-like consistency. When this substance is added to the beef-tea we have the medium known as "nutrient gelatin." Instead of gelatin another substance may be employed. It is called *agar-agar*, and is a vegetable jelly obtained from sea-tangle on the coasts of India and Japan. It remains solid at much higher temperatures than does gelatin, and so is more suitable for the study of those bacteria which require high temperatures for their development,—such as many pathogenic bacteria which thrive only at the temperature of the human body. There are many other special media employed for various purposes, but those already mentioned are the most common and most useful.

It was with nutrient gelatin that Koch developed his "plate process" for isolating species and obtaining "pure cultures." Fluid nutrient gelatin or agar-agar is poured into a number of sterilized test-tubes. Into one of these tubes is put a drop of the substance containing masses of the bacteria to be studied. This is thoroughly mixed with the medium and then by means of a sterilized platinum hook a drop of this mixture is put into tube No. 2, and from No. 2 a drop is transferred to No. 3. It will be readily seen that the number of bacteria in No. 3 is far less than that in No. 2, and that No. 2 contains but a small fraction of the number in the original tube. While still fluid and after the above "inoculation," as it is called, the media in Nos. 2 and 3 are poured out on cooled glass plates and spread in an even, thin layer. The plates are protected from the air and kept at suitable temperature and moisture for growing bacteria until the colonies are seen to be developing. On the plate made from tube No. 3 the colonies will probably be so few that they will be widely separated and may be studied individually. There will be as many colonies as there were bacteria poured out on the plate, each bacterium being separated from the others and starting a separate colony. This shows the necessity for great dilution of the first mixture of bacteria. If now from one of these growing colonies a bit can be picked out with a sterilized platinum needle and planted in a tube of nutrient gelatin uncontaminated by other bacteria, we will have in this last tube a "pure culture" of the bacterium, and from this we are able to grow this species by itself as long as we wish for purposes of study. This, in short, is the way in which bacteria are isolated for purposes of investigation. There are many modifications of the details



of the process, but all aim at the same object,—getting pure cultures, without which bacteriology would be in the same chaotic state it was in before Koch and Pasteur began their work.

Colonies of bacteria may be examined by the low powers of the microscope just as they are growing on the plates or in the tubes. Or a few of the bacteria may be picked out of a colony on the point of a sterilized needle and mounted on slides and cover-glasses for more minute examination with the aid of the highest powers. Again, bacteria are found to take the anilin dyes readily and are much more easily seen under the microscope when stained. But when stained they are killed, and to study processes of growth they must be observed unstained.

By these and other methods of observation it has been discovered that bacteria multiply by fission. That is, the cell stretches out in the direction of its length, the limiting membrane pushes a partition wall into the interior, and soon there are two germs where one existed before.



These again divide, and so the process is continued as long as the circumstances are favorable to growth.

Under certain conditions of nutrition and growth bacteria are able to propagate by another means than that of cell-division. In a number of bacilli and in a few spirilla the formation of spores has been observed. One cell forms but one spore under all circumstances. It may appear in the middle  or at one end of the rod.  Spores stain only with great difficulty. As already stated, they cling very tenaciously to life. When the conditions are favorable, these spores may be seen to develop into new bacilli which go on multiplying by division like all others of their kind.

Many of the rod- and screw-shaped bacteria possess the power of spontaneous movement. This motion is produced by means of very delicate cilia or flagella, with which they are provided. Scientists were confident of the existence of these delicate appendages a long time ago. They were actually demonstrated only recently by means of a special process of staining devised by a German scientist named Löffler.

By adding a solution of litmus to test-tubes containing nutrient gelatin and then inoculating them with different species of bacteria, it has been found that some micro-organisms in growing produce very considerable quantities of acid, others of alkali. Ammonia, sulphuretted hydrogen, and other gases are formed by some bacteria. It was Pasteur who first proved that fermentation is produced by the action of certain

bacteria. Putrefaction also depends upon the action of bacteria. Other bacteria enter into living organisms, grow and multiply in them, and produce poisons which are the causes of those diseases which we know under the name of "infectious diseases."

(To be continued.)

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 351)

ONE important feature in the arrangement for a surgical operation is the sterilizing of water, towels, instruments, and other appliances.

In regard to the water, both hot and cold boiled water will be required, unless Hygeia water is provided to take the place of the latter.

You cannot err in having ready a good supply of sterilized water, as an emergency may arise in which a double quantity would be required. Clean the wash-boiler thoroughly, fill it almost to the top, and boil for half an hour. One boilerful must be prepared in time for the water to grow cold before the operation; it is then poured into pitchers that have been washed in warm soapsuds and rinsed off with the sterilized water. Cover the pitchers with sterilized towels.

The second boilerful is carried direct to the operating-room about twenty minutes before the surgeon arrives.

As to the wet and dry sterilized towels, two dozen are pinned up in an old towel or piece of sheeting and put on a dish into the oven for two or three hours; keep the oven at a moderate heat, and look at the towels occasionally to be sure they are not burning. The remaining two dozen towels are fastened in an outside covering and put in a granite pot or dishpan, with a plate in the bottom; cover completely with water and boil for one hour. When the nurse's hands are sterilized, the towels are removed from their outer covering, and the wet ones are wrung out, opened from the folds, and laid in a sterilized basin to be ready at a moment's notice. As a rule, the surgeon's assistant attends to the instruments, but if the nurse is called upon to sterilize them and has no regular sterilizer at hand, tie them up in a towel or piece of cheese-

cloth, and boil them for about half an hour in a granite or porcelain pan. A handful of washing-soda added to the water will prevent the instruments rusting. As to the fountain syringe, nail-brush, or any other appliance requiring to be sterilized, wrap them separately in cheese-cloth, and boil for fifteen or twenty minutes.

It is of the utmost importance that everything should be in perfect readiness when the surgeon arrives. The nurse will do well to go over the list carefully, so that nothing may be missing. Then take a final survey of the room, see that the basins for the sponges and fountain syringe are filled with solution, the tables covered with sterilized towels, dressings in order, temperature of the room right, safety-pins in a small dish of alcohol, soap, razor, nail-brush and solution ready to prepare the part to be operated on, and the bathroom supplied with hot and cold water, towels, synol or green soap, sterilized nail-brush, bichloride solution and alcohol for the surgeon's hands, so that there may be no hurry at the last moment, and the nurses, in immaculately clean uniforms, aprons, and caps, with sleeves rolled up above their elbows, are ready to assist at the operation.

It is fully as important for the nurses to sterilize their hands carefully as for the surgeon to do so, because they will be called upon to handle instruments, towels, dressings, sponges, and to assist in many ways that will bring them in contact with the wound; and when their hands are sterilized, great care must be taken not to touch anything that is not sterilized. As a general rule, rubber gloves are used in modern surgery by surgeons and nurses, but that does not do away with the necessity for a thorough sterilizing of the hands. The arms and hands are scrubbed first with the sterilized nail-brush, warm water, and synol or green soap (especial attention being given to the nails, which must be cut very short), then the hands are steeped for a few seconds in a solution of 1 to 2000 bichloride and afterwards in equal parts of alcohol and water. When gloves are worn, the hands must be well dried with a sterilized towel before putting them on.

The surgeon will give directions as to what is required in the way of preparing the patient—the care of the bowels, preparation of the part to be operated on, amount of breakfast to be eaten, etc.

The nurse must see that the patient is dressed in undervest, night-gown, dressing-gown, stockings, and shoes; the dressing-gown and shoes are removed just before the anæsthetic is given. No tight bands are allowed around the waist or neck, so that the breathing may be perfectly free. The bladder should be emptied just before the operation. It is wiser not to allow the patient to see or hear the preparations in the operating-room, as it will make her nervous and apprehensive; almost

everyone dreads the thought of undergoing a surgical operation, and should they witness the extensive preparations required for a major operation their courage would surely give out at the crucial moment.

To prepare a suitable bed for a surgical case requires a little management in a private home.

When the operation is a major one (as we are now considering) a single bed is a necessity that cannot well be done without. Anyone who has tried to nurse a patient in a large double bed through a serious illness or after a severe operation, with the daily changing of sheets, morning baths, dressing of wounds, moving and lifting the patient from both sides, and all the hundred and one items included under the head of "nursing," will endorse my statement. Let us therefore provide a single, iron bedstead with firm hair mattress (it may be placed in the bedroom for the first two or three weeks, after which the patient could return to the larger bed if desired). To make the bed, spread the under sheet smoothly and pin it to the four corners of the mattress with safety-pins. Then across the middle of the bed lay a piece of rubber sheeting long enough to tuck in on both sides and about three-quarters of a yard wide; this is covered with the draw-sheet (a single sheet folded lengthwise answers the purpose) put on very tightly and pinned through the rubber sheeting to the under side of the mattress at the four ends. Not a wrinkle should appear in a well-made surgical bed.

An upper sheet and blanket are tucked in at the foot and then folded down in layers to the end of the bed, so that they may be drawn up swiftly over the patient after the operation.

As all the warmth possible will be required to restore the normal temperature of the body, a blanket is spread over the bed for the patient to lie on for the first few hours, also another one to cover her under the top sheet. A towel is laid across the head of the bed in place of a pillow, and some extra ones with a small basin on a little table near at hand in case of vomiting. Hot-water bags are needed to heat the bed *before* the patient is put in it, but accidents from burning occur so often, even when great care is taken, that most surgeons insist on the hot-water bags being taken out of the bed when the patient is put in it and not returned until she is perfectly conscious; even then they ought not to rest against the body unless covered with three or four layers of flannel.

(To be continued.)

TEACHERS COLLEGE, COLUMBIA UNIVERSITY NEW YORK

ON the north is Teachers College, where students taking the course in Hospital Economics have their class work. The view of the surrounding country is magnificent. To the north and west is a grand view of the Hudson River and the Palisades bordering the Jersey shore, to the east is Morningside Park, and to the south St. Luke's Hospital and the Cathedral of St. John the Divine. Several of the city parks are within a few minutes' walk of the grounds. This locality is also of historical interest as the site of the Battle of Harlem Heights, won by Washington's troops. Both the natural and artificial environment seem most fitting for the purposes of this great institution. The Low Library of Columbia is open to all students, and the university halls are used for lectures of general interest after class hours, giving all students the privilege of hearing the best lectures and newest subjects with little trouble and no expense.

This special course in hospital economics was established four years ago, and is the only course of the kind in the world. It was established by the Superintendents' Society, and is directed by a committee composed of members of that society, who arrange the curriculum and select the candidates.

The object of the course is to teach those desiring to become superintendents of nurses how to teach theoretical branches; not to instruct them in anatomy, for instance, but to teach them how to teach anatomy to pupils in the training-school.

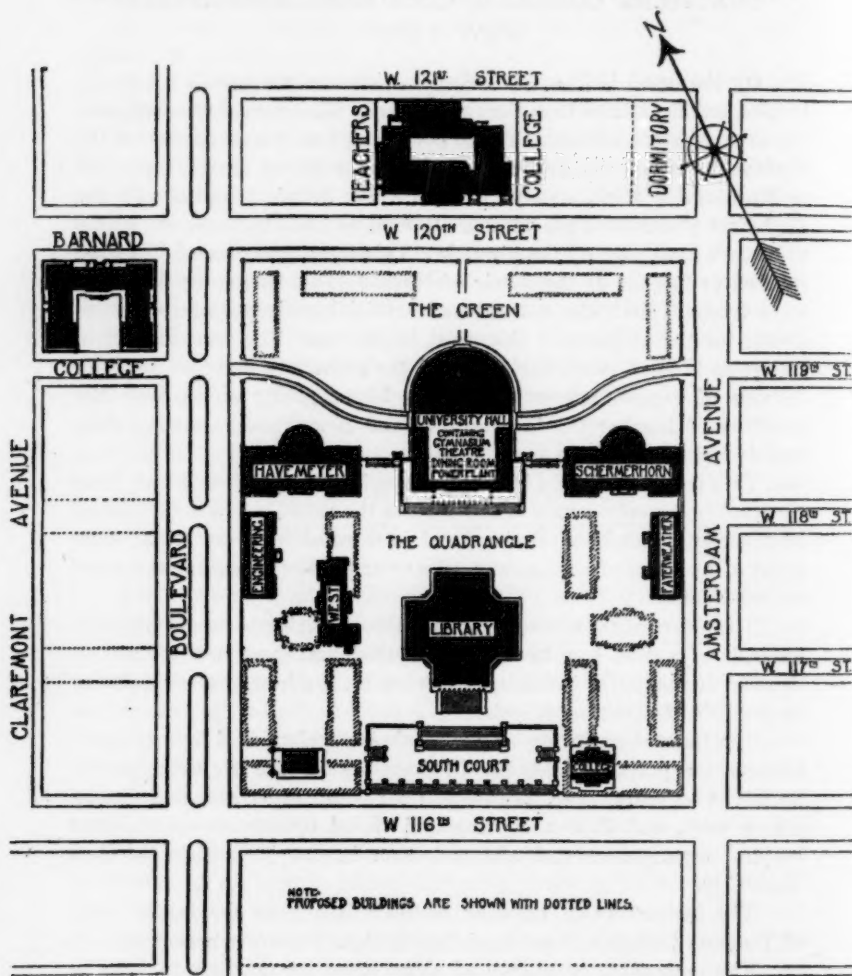
The instruction in teaching methods is supplemented by a series of lectures on practical methods by members of the Superintendents' Society, who are selected because of their broad experience in training-school work, and there are many and varied opportunities to observe hospital organization and administration in the institutions of New York City.

The instructors in teaching methods belong to the regular staff of Teachers College and are specialists in their respective branches.

The committee in charge of this course are anxious to keep in touch with the graduates, as they are frequently called upon to fill positions of importance in hospitals and other institutions.

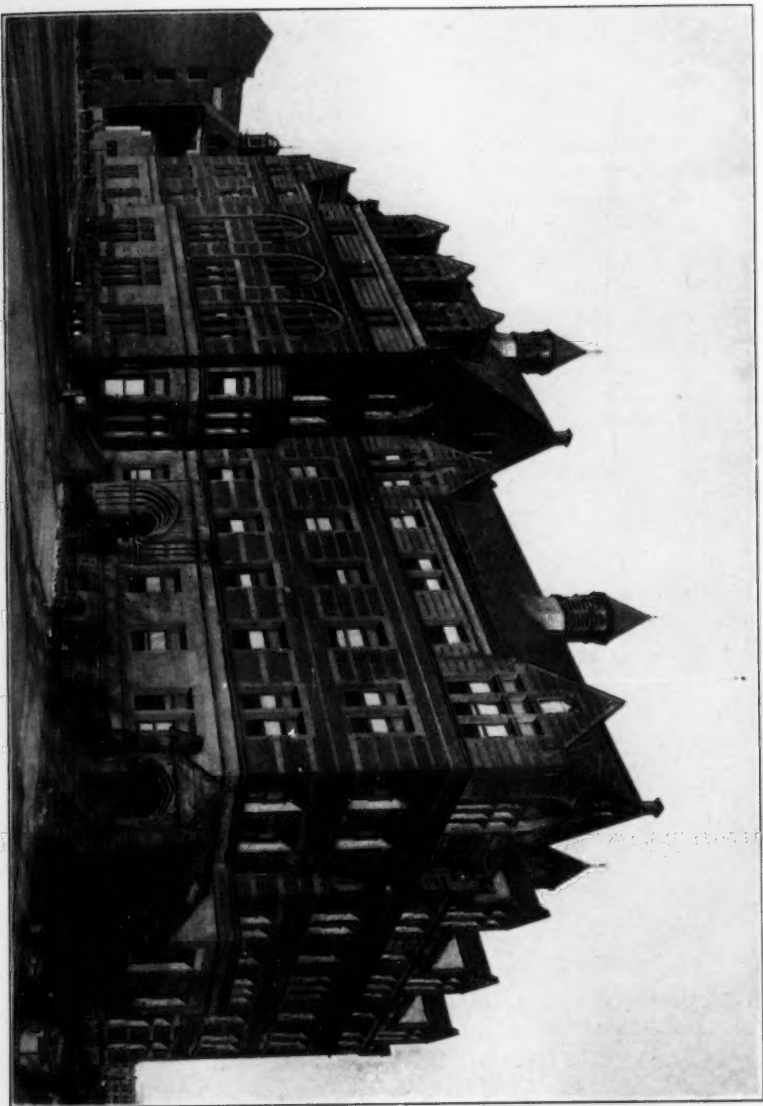
Those desiring to enter should make application before the college closes in June. Such application should be made to the chairman, Miss Maud Banfield, Polyclinic Hospital, Philadelphia, Pa.

THE AMERICAN JOURNAL OF NURSING is the official organ of the Superintendents' Society, and it may always be used as a medium of com-

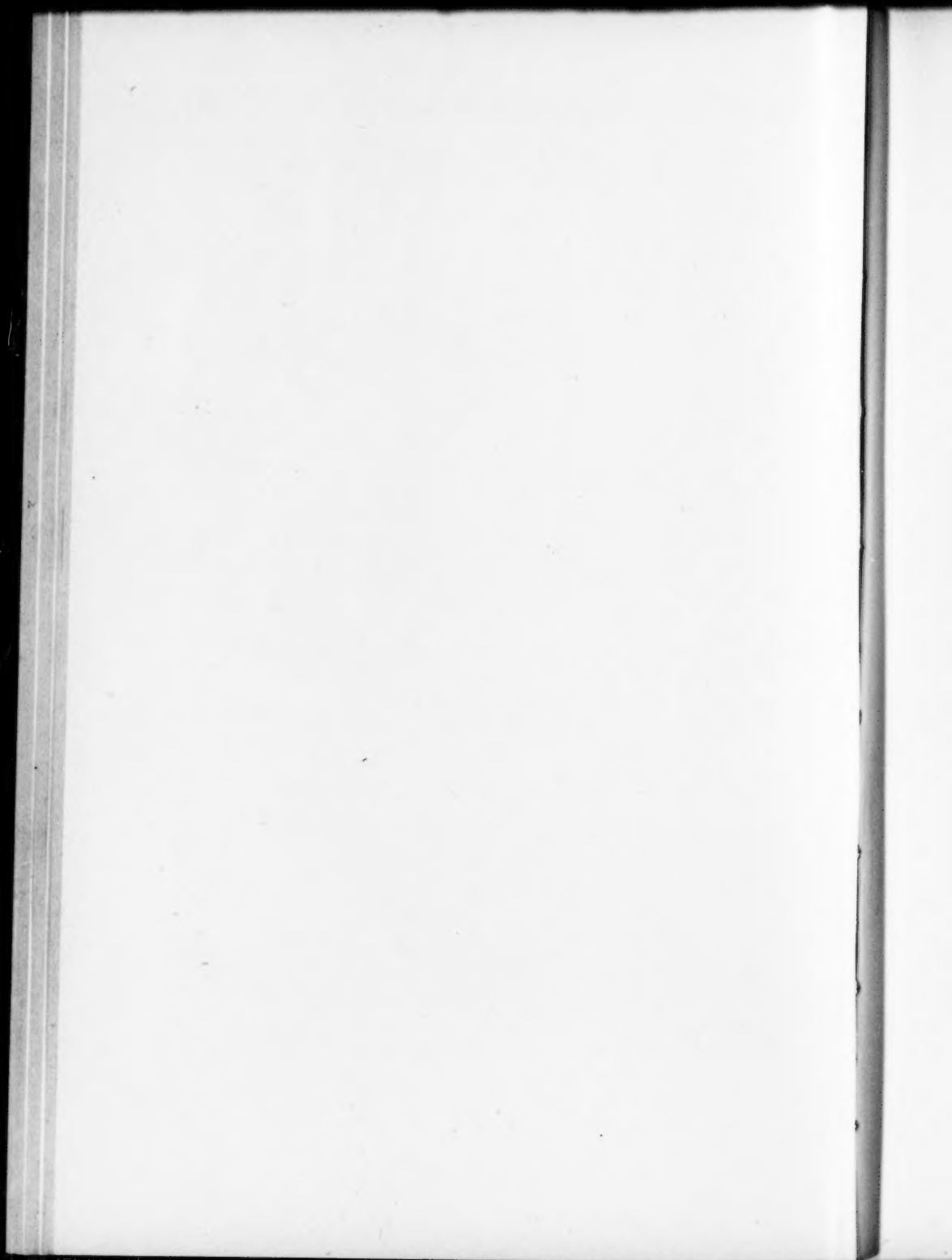


PLAN OF THE BUILDINGS AND GROUNDS OF COLUMBIA UNIVERSITY

munication with the committee, especially during the vacation season, from June 15 until October 1.



TEACHERS COLLEGE, COLUMBIA UNIVERSITY



A PRACTICAL TALK TO THE NURSES OF TUBERCULOUS PATIENTS *

By S. A. KNOFF, M.D.
New York

PULMONARY TUBERCULOSIS, phthisis pulmonalis, or consumption, is a chronic, infectious, and communicable disease, due to the tubercle bacilli discovered in 1882 by the great Koch. I lay stress upon the word communicable, for I do not classify pulmonary tuberculosis with the dangerous contagious diseases, and I shall give briefly my reasons for not doing so.

It is my firm conviction, based on the experiences and experiments of our greatest European and American scientists, such as Koch, Straus, Grancher, Prudden, Biggs, and others, and on a somewhat extensive experience of my own, that tuberculosis is not a dangerous contagious disease, but only a communicable one. To be in contact with a tuberculous individual who takes care of his expectorations or other secretions, which may contain the bacilli, is not dangerous. In sanatoria for consumptives, where the precautions concerning the sputum are most strictly adhered to, one is perhaps safer from contracting tuberculosis than anywhere else. The great danger from infection lies in the indiscriminate deposit of sputum containing the bacilli, which, when dry and pulverized, may be inhaled by susceptible individuals and then cause the disease to be developed. The communication of the germ of the disease is, however, less obscure to us in its process and far more easily guarded against than the contagion arising from such maladies as diphtheria, scarlet fever, or smallpox. What has just been said concerning the absolute security from infection in a well-kept sanatorium cannot very well be said of a smallpox hospital, no matter how well directed the hygienic precautions may be. Against the danger from contracting smallpox we have thus far no other means than preventive vaccination, and, in case of an outbreak of the disease, the most rigid isolation. It is entirely different with tuberculosis. The simple contact of a smallpox patient may suffice to convey the disease. This is never possible with a consumptive, even should he be careless or unclean. To the average individual a prolonged exposure is necessary to the transmission of the disease. Herein lies the difference between communicable and contagious.

* This talk was originally given at a conference of the members of the Nurses' Settlement in New York, but was written up from notes and corrected by Dr. Knopf, and is now published with his permission.—Ed.

Tuberculosis cannot be contracted by simply being near the patient or by breathing the same air, but only by taking the bacilli through either inhalation, ingestion, or inoculation into our system. The expectoration and sometimes the saliva of tuberculous patients is charged with bacilli. It has been computed that one patient may expel in his sputum seven million bacilli in a day. It is these bacilli alone which have the power of conveying the disease by being introduced into the tissues of another individual.

Infection, as has been said, may take place in three ways: First, as you all know,—and this is the commonest way,—by the dissemination of particles of sputum which have dried, become pulverized, and in the form of dust are taken into the respiratory organs. In the home of the careless consumptive such bacilliferous dust floats in the air or falls to the floor. The adult may inhale it, and children, playing on the floor and frequently putting their fingers to their mouth, may be contaminated by it through inhalation and ingestion at the same time.

A less frequent source of communicating the disease is what is called "drop infection." In sneezing, dry coughing, laughing, or excited talking the patient may often expel small particles of saliva. These particles or droplets, it should be remembered, may possibly contain bacilli. Nurses caring for tuberculous patients should therefore be careful never to directly face the patient at a short distance when any of these expulsive acts are taking place. At a distance of three feet from the patient the nurse is safe from this source, as these small particles are hardly thrown farther than this distance. These particles of bacilliferous saliva may enter our system by being inhaled or swallowed—that is to say, ingested.

As a more frequent cause of infection of tuberculosis by ingestion we must mention tuberculous milk and meat, particularly milk. You should boil or sterilize all milk from doubtful sources.

The third method of infection is by inoculation through a scratch or open wound. This may occur in cleansing vessels which contained sputum, or surgical instruments which have come in contact with tuberculous matter.

So, in caring for patients with tuberculosis, you must remember to guard against danger from these three sources. I am speaking now only in regard to your protection of yourselves, not considering others. The sputum of the patient must be carefully guarded and prevented from drying. The spittoon of the patient, of whatever form, should be partially filled with some disinfecting fluid, or at least with plain water. If he is helpless, you should receive the sputum in moist rags, and these rags must be carefully handled and burned before they have a chance

to dry. The linen and the bed-clothing of the patient should be handled in a dry state as little as possible, and be boiled before being put in the general laundry. Floor and furniture in the patient's room should be wiped with moist rags, and these should be boiled or burned afterwards; thus will you guard yourselves against infection from germ-laden dust. The patient's dishes, etc., should also be boiled after use.

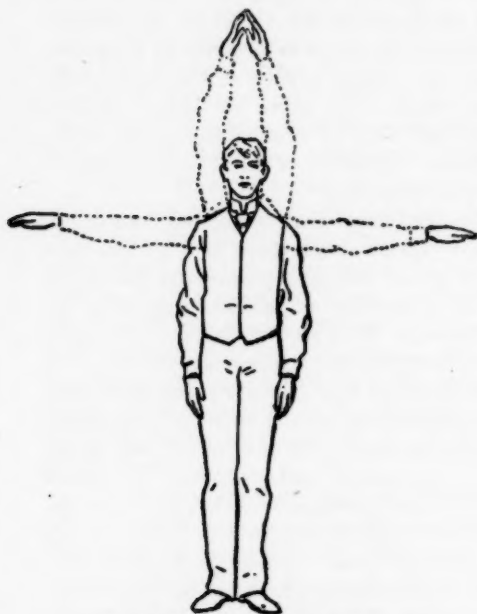
I have told you to guard yourselves against the drop infection by remaining at a little distance, especially at moments when the patient is likely to expel such drops. He should also be told always to hold a handkerchief before his mouth during the so-called dry cough or when sneezing, and the reason why explained to him. For the inoculation danger I would advise you, first, to be very careful never to allow the use of nicked or cracked spittoons. Germs will remain in these nicks and cracks and be a source of danger. But above all things I always counsel nurses in hospitals or sanatoria to wear rubber gloves when cleansing or disinfecting spittoons. Spittoons of metal or glass should always be boiled after having been emptied.

In the matter of prevention, remember that nature has done much to secure you against infection. The nasal secretions of a healthy person are bactericidal and kill the germs before they can enter the lungs. The blood, in health, contains leucocytes, white blood-corpuscles, or phagocytes, which destroy the germs. They are scavengers, which take up the dangerous parasites and destroy them (phagocytosis).

But you must always bear in mind that if you are subject to frequent colds, bronchial or nasal catarrhs, you should on no account undertake the nursing of tuberculous patients. Neither should you do so after a debilitating disease or if you are of weakly constitution. Your blood and the secretions of your nasal passages will then not have the destructive power which in robust health is sufficient to protect us all against myriads of germs. Another point: never go hungry when nursing a tuberculous patient. This advice, important in all nursing, is especially important to the nurse of the consumptive. Feed yourselves. Do not go on duty fasting, nor remain an unduly long time on duty without taking food and rest. Besides good food, a regular life,—that is, hours of work and rest reasonably divided. An excellent way in which I advise you to guard your health is by deep breathing. I will now show you the breathing exercises which I prefer to teach and practise myself.

Anyone trying to take breathing exercises must be dressed in such a manner that there is not the slightest restriction of throat, thorax, or abdomen. With tightly fitting neckwear or a tightly laced corset you cannot breathe properly. It goes without saying that these breathing

exercises must always be taken in the open air or in a well-ventilated room, preferably in front of an open window. One assumes the position of the military "attention"—heels together, body erect, chest forward, head straight, the palms of the hands touching the external portion of the thigh. With the mouth closed, take a deep inspiration through the nose,—that is to say, take in all the air possible with one inspiratory movement,—hold the breath a few seconds, and then exhale just a trifle faster. If one has learned this well, we supplement it by allowing him to raise the arms to a horizontal position. One should do this during the



First and second breathing exercises.



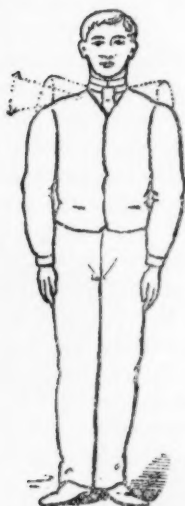
Third breathing exercise.

act of inspiration, remain in that position for a few seconds, and while exhaling bring the arms down to the original position. The act of expiration should again be a little more rapid than that of inspiration.

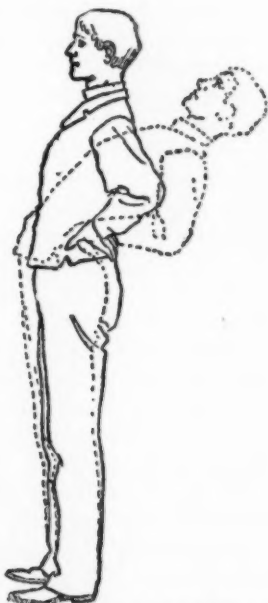
When this first exercise is thoroughly mastered after a few days, a second one can be taught, which is like the first except that the upward movement of the arms is continued until the hands meet over the head.

The third respiratory exercise, somewhat more difficult and requiring more strength and endurance, should not be undertaken until the first two have been mastered and practised for several days. The

third exercise might justly be called a dry swim; one takes the same military position of "attention,"—heels together, body erect,—and then stretches out the arms as in the act of swimming, the dorsal surfaces of the hands touching each other. He then moves the arms, just as if he were dividing the water, during the act of inspiration, the hands meeting finally behind the back. One remains in this position for a few seconds, retains the air, and during exhalation brings the arms forward. This somewhat difficult exercise can be facilitated and made more effective by rising on the toes during the act of inspiration and descending during the act of expiration.



Breathing exercise with rolling of shoulders.



Exercise for people in the habit of stooping.

Valuable as these exercises with the moving of the arms are, they cannot be practised everywhere and at all times without attracting attention. Under such conditions one must often content oneself with raising the shoulders, making a rotary movement backward during the act of inhalation. Remain in this position, holding the breath for a few seconds, and then exhale while moving the shoulders forward and downward, assuming again the normal position. This exercise can even be taken while walking, and, of course, very easily while sitting or riding in the open air.

Young girls and boys, and especially those predisposed to consumption, often acquire a habit of stooping. To overcome this the following exercise is to be recommended. The child makes his best effort to stand straight, places his hands on his hips with the thumbs in front, and then bends slowly backward as far as he can during the act of inhaling. He remains in this position for a few seconds while holding the breath, and then rises again somewhat more rapidly during the act of exhalation.

Concerning the general directions as to the frequency and order of these exercises I can only say, commence always with the easier exercises and only gradually take the more difficult ones. Repeat the exercises, either of one kind or the other, every half hour or so from six to nine times, or do three of each, and continue this practice until deep breathing has become a natural habit. One rule which is applicable to all is never to take the exercises when tired and never to continue them so long as to become tired.

In order to increase the air-supply to the lungs, and thus increase hæmotosis, I add to the ordinary exercises an additional movement by having each respiratory act—that is to say, a deep inspiration and corresponding expiration—followed by a second forced expiratory effort. This is for the purpose of expelling as much of the supplemental air as possible, which may be effectually aided by supinating the arms and pressing the thorax with them.

Considering that the amount of tidal air—that is to say, the volume which is inspired and expired in quiet respiration—is only five hundred cubic centimetres, the complemental air—the volume which can be inspired after an ordinary respiration—fifteen hundred cubic centimetres, and the supplemental or reserve air—the amount which can be forcibly expelled after an ordinary respiration—amounts to twelve hundred and forty to eighteen hundred cubic centimetres, one can readily see the value not only of deep breathing, but particularly of this second expiratory effort.

It is not necessary to tell you never to advise breathing exercises, but to leave that to the physician. While they may be of much value to your patient, every point must be advised by the doctor and strictly carried out. You might injure your patient by ill-advised breathing exercises. Cough is often nothing but a habit with consumptives as well as with other people. Tell the patient never to cough unless he must expectorate. It is often a purely nervous habit and may be prevented by discipline. In well-managed sanatoria the patients do not cough except when they expectorate. To avoid useless coughing, have the patient take a swallow of water or tell him to look up at the ceiling for a moment, but, above all, tell him to use his will power to suppress it.

In conclusion, I would say to you all, have no undue fear of contagion while nursing tuberculous patients. "Phthisiophobia" is as bad a frame of mind as indifference to sanitary precautions. With proper precautions there should be no danger to well persons living with clean consumptives who are conscientious and careful in regard to their sputum.

There are many ways of providing expectorating facilities, and I would not be dogmatic in this respect, but I do not believe I can do better than repeat here what I have said and demonstrated at the recent meeting of the American Medical Association.

The ideal would, of course, be for everybody who is tuberculous, who has a chronic nasal or bronchial catarrh, grip, or is recovering from measles or pneumonia, or who chews tobacco, to use as a receptacle a pocket-flask which would be unbreakable and could be used without attracting attention.



Nickel-plated, oval-shaped pocket-flask.
Manageable with one hand.

Method of emptying the flask.

I take pleasure in showing you here a little model which, perhaps, answers all these requirements. As you see, it is oval in shape and can be conveniently placed in a pocket. It is about three and three-quarters inches in height, its longest diameter is two and three-quarters inches, and its shortest diameter one and one-half inches. The opening is round and has a diameter of one and one-half inches. A movable funnel prevents the contents from soiling the cover, acting on the principle of the

irreversible inkstand. The flask is made of spring brass and is electro-nickel plated. Two seamless brass cups are welded together, forming the



The same, hidden in the folds of a handkerchief.

flask, to which the cover is firmly soldered and the funnel, spun (seamless) with a flange, fits exactly on the rim of the cup. The cover is



Round-shaped, nickel-plated pocket flask.
Manageable with one hand.



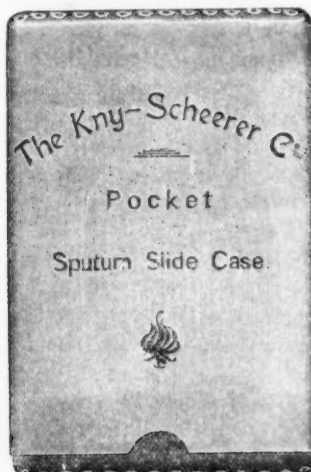
Cheap metal flask with bayonet closure.

closely fitted with an elastic rubber rim for the purpose of preventing leakage. There is a strong spring catch which serves for opening and

closing, and the flask can be manipulated with one hand by pressing with the thumb against the opening spring and closing the cover with

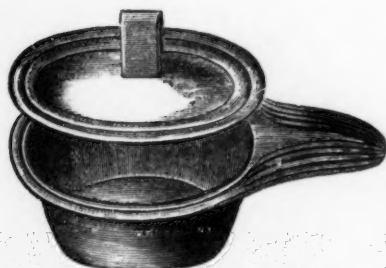


Blue glass sputum-flask. Manageable with one hand.



Pasteboard sputum-case, resembling cigar-case.

the index-finger. By the aid of a wire hook the funnel can easily be removed and the flask emptied. By placing the flask in the centre of



Pasteboard sputum-cup for bedside.



Metal spit-cup for bedside.



Proedohl's enamelled iron spittoon, to be suspended at convenient height.

a moderate-sized handkerchief, taking up the four corners, and putting an elastic band around the neck of the flask outside of the handkerchief, the cuspidor can be used without attracting any attention.

I also show you here a few less expensive spit-cups and pocket-flasks which may well answer the purpose of distribution among the consumptive poor in dispensaries and special hospitals.

For use in public institutions, in corridors and grounds, I would recommend an elevated spittoon, which has numerous advantages over the ordinary spittoon placed on the floor. The latter is unsightly, may be tipped over, and usually presents on its rim or on the outside dried sputum which did not reach the receptacle proper. Having no cover, these old-fashioned cuspidors allow animals and insects to get at the contents and thus help in the dissemination of the bacilli.

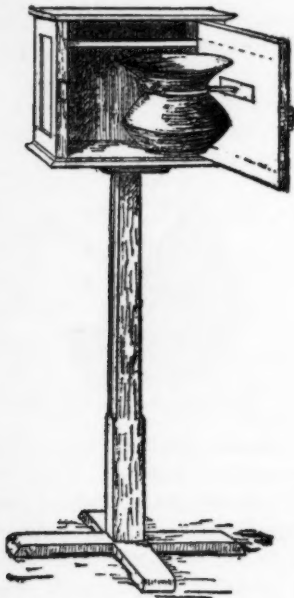
The stand of the elevated spittoon is three and one-half feet in height and consists of iron tubing with a bottom plate which can be screwed on to the floor or fastened to a sunken board when used out-of-doors. The large cast-iron base, however, is in itself sufficiently heavy to prevent the spittoon from tipping over. On top of this tube is a round box of sheet iron, with a door which can be tightly closed. Attached to this door is a ring in which rests a blue or white enamelled iron spittoon. Thus when the box is opened the spittoon is drawn forward and ready for use. The top of the stand is provided with a rim to facilitate the placing of a flowerpot or other ornament. These elevated spittoons, only visible when in use, by their convenient height and easy manipulation make the deposit of the sputum into the cuspidor more certain than is the case where spittoons are placed on the floor.

A similar elevated spittoon-stand can be made of wood, which would make it considerably cheaper (see figure).

Proedohl's enamelled iron spittoon can also be suspended at any height, and is particularly suitable for use in workshops and factories.

For street use, particularly in health resorts, I have devised the following receptacle, which might deserve the name "public self-cleansing spittoon." It is thirty-nine inches in height, supported by heavy tubing; the receptacle is made of heavy copper coated with pure tin on the inside, to the upper edge of which is secured a perforated lead pipe which supplies the water for constant flushing. The receptacle is nine inches in diameter, five inches deep, with a funnel-shaped bottom three inches deep, fitting into a two-inch iron cylinder support, which also serves as a connection sewer, and this support is attached to a heavy cast-iron base. The lead-pipe water-supply passes along the outside of the apparatus and can be attached to any hydrant.

Patients who absolutely refuse to make use of the portable or pocket spittoon when outdoors should be enjoined to always carry with them squares of muslin to expectorate in. They should be advised to have a



Elevated spittoon, stand of wood—open.



Elevated self-cleaning street spittoon.

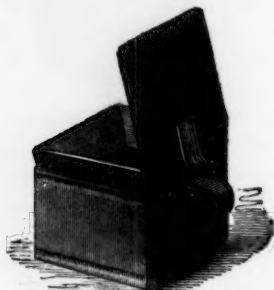


Elevated spittoon, entirely of metal—when in use.

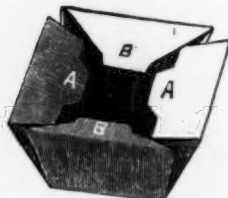


The same closed.

rubber-lined pocket in which to collect the soiled squares of muslin, which the patient should carefully burn on his return home.



Frame of metal for paper sputum-cup.



Paper sputum-cup, to be burned.

At the conclusion of the lecture the nurses asked Dr. Knopf about diet, and he showed them his way of preparing a raw egg. In a wine-glass he placed about half a teaspoonful of lemon-juice, a pinch of pepper and of salt, and upon this broke carefully a fresh raw egg. Another layer of lemon-juice with pepper and salt made the egg easy to swallow. The nurses present voted it delicious. Besides scraped beef, whole-wheat bread, and raw eggs, Dr. Knopf dwelt strongly upon the necessity of plenty of pure water.

HOME ECONOMICS

By ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 364)

IV. PROTEIDS AND THEIR USES.

If one takes half a cup of flour and mixes with it about two table-spoonfuls of water, stirring it in slowly and thoroughly, then with the hands works the mass into a smooth, elastic dough, and washes it under running water, or in a bowl with frequent change of water, until the washwater loses its milky appearance and runs clear, there will remain in the hands a sticky, elastic mass, grayish or light brown in color—the gluten of the wheat. If this gluten be dried and weighed, and the weight compared with that of the flour used, it will be seen to constitute about eleven per cent. of the flour. If some of the freshly prepared

gluten be baked for fifteen minutes in an oven hot enough for baking bread, it will rise to several times its bulk, and will come from the oven very crisp and porous.

If beside the gluten we place the white of an egg, if we scrape a piece of lean meat so that the muscle-fibres are separated from the connective tissue and add the scrapings to our collection, and if we add some curd of milk, obtained by heating gently some sour milk and straining the curd from the whey, or by adding a few drops of acid, such as vinegar or lemon-juice, or some rennet, to sweet milk, we shall have before us four of the chief representatives of the class of foods called proteids.

At first sight there will seem to be little in common between the tough, elastic gluten, the soft meat fibres, the white, firm curd, and the transparent, semi-liquid egg.

Shake up a portion of the white of egg with cold water, strain or filter it, and heat the filtrate (the liquid that runs through the filter or strainer). It becomes cloudy, and white particles appear, showing that the albumin had dissolved in the cold water and is insoluble in hot water. Soak the meat in a little cold water, strain, and heat as before. A similar result is obtained. Some of the meat is soluble in cold water, but a much larger portion is left behind in the strainer undissolved than in the case of the egg. The gluten and the milk-curd will not dissolve at all in water.

The effect of heat on the several substances is similar in that all are toughened by prolonged heating. The egg and the albumin in the meat are coagulated even by a moderate heat.

If we try certain chemical tests upon these various substances, we shall find their relationship much more clearly established. A mixture of nitrates of mercury known as Millon's reagent, added to any one of them will, upon heating, give a brick-red color. The addition to any of them of nitric acid, with the application of heat, gives a yellow precipitate that changes to orange when, after cooling, ammonia is added. Other tests would confirm our conclusion that the four substances with which we are working all belong to the same class—the proteids.

The proteids are the most complex substances with which we have to do in our foods, and they are the most important.

Food has several functions to perform in the body. It builds new tissue, repairs the waste that is constantly going on, and gives heat, partly utilized as heat, and partly transformed into another form of energy, giving power to work. For performing all of these functions we depend upon five classes of food, often called the five food principles. They may be classified as follows:

CLASSIFICATION OF FOODS

<i>Organic</i>	{	Nitrogenous:
		Proteids and allied compounds.
	{	Non-nitrogenous:
		Carbohydrates,
		Fats.
<i>Inorganic</i>	{	Water,
		Mineral matter.

Of all these principles, proteids and the closely allied substances alone contain nitrogen, that most important element for the maintenance of the body functions and for building of tissue. It seems a strange thing and unlike the usual economy of nature that when nitrogen is absolutely necessary to life, and when it exists freely in such large amounts in the air about us, we are yet unable to utilize this free nitrogen in our bodies. Not only animals but plants, with the exception of a few which have the power by the aid of bacteria of "fixing nitrogen" from the air, must depend upon their food for this necessary element.

The proteids can also act as fuel-foods and give the required heat and energy, while the carbohydrates and fats, though excellent fuel-foods, are useless as builders and repairers, except of fatty tissue.

The proteids that we have been examining are representatives of a very large class, occurring in vegetable as well as animal substances. They all contain nitrogen, carbon, hydrogen, oxygen, and a small amount of sulphur, while many also contain phosphorus.

The chief sources of proteids in our food supply are the various meats and fish, eggs, milk, and its product, cheese, the grains, and the leguminous plants, such as peas, beans, and lentils.

(To be continued.)

SCHOOL NURSING IN NEW YORK CITY

By LINA L. ROGERS

Supervising School Nurse

THE school nurse has been presented in many and various lights to the public and not a few good articles have been written about her, but whether the actual work accomplished by the school nurse is known or not is a doubtful question.

The work done in the schools is probably the least important part, as the possibilities of what may be done in the homes is very great.

During October and November the work was carried on by one nurse, who had no supplies but those given her by the settlement, of which she was a resident. On December 1 eleven nurses were appointed by the Board of Health, and at the same time dressings were supplied by the Board of Education.

The improvised dressing-room was in every instance in the basement of the children's playground of the school, and even now accommodation is very little better, which shows under what difficulty the nurse has to work. In some of the newer schools rooms are provided for the medical inspector, and the nurse also has the use of them for her work.

When the nurse enters her first school at nine A.M. she at once reports to the principal, and then proceeds to the dressing-room spoken of and prepares for her "clinic." While she is doing this the teachers have been notified, and they send down the children who have been selected by the doctor on his daily rounds. Everything ready, the child is treated, the name and age recorded in a book, and on leaving the children are given a slip of paper indicating whether they are to return again or not. When this is presented to the teacher it shows at once whether the child requires any further treatment. When all are treated and the supplies put away the nurse goes on to the second school and carries out the same programme. As four is the average number of schools allotted to each nurse, she can spend from an hour to an hour and a half in each school. At three P.M. she is usually ready for the visits. The names of children sent home for contagious eye trouble, eczema, etc., are obtained from the principal and are looked up at once. She does not visit such cases as scarlet fever, chicken-pox, or measles. The nurse interviews the mother, giving whatever advice is needed. If they can afford to have a physician, they are directed to have one; if not, they may be sent to some dispensary, or it may be that in many instances the mother can easily take care of the child herself if she has the proper direction. Incidentally, and in a polite and friendly way, the nurse can encourage cleanliness in the home, having the children bathed often, their ragged little clothes mended and washed, and their hair nicely combed. The mothers are usually interested and make every effort to do exactly as they are requested. Their appreciation is shown in many ways, the children often coming up to the nurse in the street and saying, "My mother thanks you for what you told her when you came to my house." Many other things are brought to light. The father or mother may have phthisis. This is at once reported to the Board of Health and the conditions relieved. The same thing is done when a house is found in a very unsanitary condition, and this also is reported

to the proper authorities. Children are found who are not in school simply because they are not well enough to go. A case like this is reported to the Nurses' Settlement, and they send him to the country for a few weeks, where he is "built up," and in a short time returns robust and ready to begin the studies which were a drag when he left school. Children from ten to fourteen years of age are sometimes kept home from school to look after younger children where one of the parents is dead and the other has to go out to earn enough to keep them together. Such cases are helped by the charity organizations and the child returned to school.

The chief object the nurse has in view is to help to keep the children in school, and as the great majority are taken from school at fourteen years of age and sent to work, it will readily be seen how essential it is that not a day should be lost.

Instances have come under my own notice where children have been kept out of school for weeks with a slight eczema on the face or head, and after a few days' careful treatment have been returned to school.

By March 1 it is hoped to have a staff of twenty-five or more nurses, and about one hundred schools will be taken up.

The nurse who enters upon this work without the spirit of doing the greatest good she can for the public will find it more of a burden than a pleasure. It requires women who feel the needs of the children and their parents and who have had experience with the different phases of nursing. The work is hard, and is only lightened by the amount of cheerfulness the individual nurse carries into it with her.

THE DISCIPLINE OF THE NURSE *

By ALICE I. TWITCHELL

Superintendent S. R. Smith Infirmary, Staten Island

I HAVE been asked to give my idea upon discipline, and at the same time was asked if I believed in military discipline in our training-schools for nurses, and I assure you that I do most decidedly, but the believing in and desiring it are very different and much easier than obtaining such discipline.

Promptness in coming on and going off duty, to meals, time off, and obeying rules generally regarding practical work I have no difficulty with; but my nurses have two hours off every day, and it is a well-understood fact that one hour is to be devoted to study and the

* Read at the meeting of the American Society of Superintendents of Training-Schools for Nurses, Detroit, 1902.

other to recreation. The latter hour, I am sure, is always satisfactorily employed, but with very few exceptions that extra hour is not devoted to study, except the day before, or perhaps two days before, class, then one will see text-books very much in evidence, the prevailing idea seeming to be that some added information may be acquired by absorption.

Now I would like some superintendent who is satisfied with the amount of studying that her nurses do, and with their standing in class and general interest and understanding of their theoretical work, to tell us how she has accomplished such a result, for my experience has been that I get good practical work done much more easily than equally good theoretical work.

The idea of each nurse being entirely self-governing, and that we shall trust to her honor and judgment in all things, I am sure would prove a failure with me and any class of nurses with whom I have ever had to deal. Another reason why I fully approve of military discipline is that the women who are taking up the work in this age seem, as a general thing, to imagine that they know much better how to manage the work than their superior officers. Juniors criticise their seniors, seniors know so much better how to run the wards than the head nurses, while I have no doubt that the head nurses think they could manage the school and conduct the affairs of the school and hospitals better than those in charge. It seems to be an open question with some nurses and most internes where the line should be drawn as to relations and communications necessary to the performance of their duties in the hospital.

If our medical schools would introduce a branch of hospital ethics into their curriculum for prospective internes, I think it would be a great help to us heads of hospitals.

I heard of one school where the superintendent allowed the internes and nurses to mingle and go out together as much as they wished, providing that they assured her that they were in earnest, and were not merely flirting.

I have never tried that plan, and hardly think I will until I feel that it would prove satisfactory, for I cannot see how there could be the desired dignity and attention to duty in the wards if this were allowed.

I have been very forcibly impressed during the past year or more with the idea that if the members of our schools, while in training, were sufficiently disciplined by a superintendent who would set an example of cool, dignified, unbiassed judgment, and expect the same from her pupils, they might not feel inclined after graduation to express themselves in private, in public, and in our nursing periodicals quite

as forcibly and regardless of facts and the feelings of others as some have been inclined to do in the past.

I expect nurses to be self-contained and self-governed, to rely upon themselves in emergency, not to be affected by trifles, "to keep their heads" under all circumstances, and take the initiative in managing their wards, in instructing the nurses under them, in improving things in every way possible, at the same time to realize that rules are made to be observed, and not to be broken.

DISCUSSION

MISS DOCK.—The secretary might say she had quite a little trouble in getting up a group of papers on discipline. It was thought it would be a good plan to have four or five short papers on discipline, and the wish of the council was to bring out the different ideas as to discipline which are held in the different schools. We wanted some from very strict disciplinarians and some from those who believe in practising discipline more by suggestion,—that is, getting people to think out their own ideas of discipline,—and your secretary will tell you in confidence, without mentioning any names, that she wrote many letters, and that almost every one declined. That is the reason this group of papers is incomplete. The criticism which I hear now, being outside the training-school, is that the discipline of the training-schools tends to repress individuality. I hear that criticism made sometimes quite severely. It is said that nurses in training are intimidated and are afraid to be natural; that individuality and originality are repressed instead of being brought out. I do not think that is altogether true, though there may be some truth in it, and a criticism I hear very often from people in general is that nurses are lacking in initiative when they get outside of the hospital. That is another very difficult point, because we all know it would not do to have every nurse exercise her free initiative in the hospital, for we would have from seventy-five to two hundred different initiatives being acted on at once with disastrous results, yet it seems important that outside of the hospitals trained women should have a certain amount of independent judgment. Those are the puzzles in the case.

MISS DELANO.—This is a subject that has interested me for a great many years, and I believe that a defect of training-schools in the past has been to turn out a set of machines, and it is a question that has for a long time seemed to be acted upon from a mistaken point of view. Educators all over the world are training children along different lines, and why we should conduct schools for women and expect to turn them out all on the same mould, with exactly the same ideas, warranted to run a certain number of hours a day and sleep a certain number of hours a day, regardless of that woman's individuality, seems to me a tremendous mistake; and yet I think training-schools for years have worked on those lines. Just how we are to get ourselves in line to do anything else I do not know, but it seems to me we have made a mistake in the past. We are supposed to have self-reliant, educated, well-brought-up women in our schools, and it seems to me we should find a way of dealing with them a little differently. I confess I have not found the way, but I think we ought to work on that line. I would like to hear from some of the others.

MISS TWITCHELL.—I would like to ask the president, as I understand she has the eight-hour system, if she succeeds in getting a great deal more study

from the nurses owing to their having those extra hours off duty. Is your theoretical work more satisfactory than before?

THE PRESIDENT.—The chair will unhesitatingly state it is more satisfactory. There is more time devoted to it, and a higher standard of theoretical work has been done since we have adopted it.

MRS. FOURNIER.—I would like to express my ideas on that line. Our system was changed three years ago to the eight-hour system. At that time the school was a two-years' school; it is now three. At the first examination after the hours were changed every examiner asked me what had happened, that my nurses passed such a high grade of examination, that they passed as good an examination as the average medical student. I think that proves that they do better work under the eight-hour system.

MISS AYERS.—I would like to hear from some of the superintendents on the question of misdemeanors, what penalties they impose for the breaking of the various rules of conduct and of discipline?

THE PRESIDENT.—The chair is very glad that question has been raised, because it is a practical question, and she also would like to know if there are any codes of penalties in training-schools under the charge of superintendents who are here, whether it has ever seemed advisable to adopt such codes.

MISS ALLERTON.—It seems to me that right here is where the treatment of a nurse as an individual comes in. I think that no two nurses are alike in disposition and no two can be punished alike; what would be punishment for one would not be for another. And there are some nurses so conscientious and so sensitive that you have to handle them very carefully. There are others who are so perfectly indifferent to what they have done or the result it brings that some very severe measure must be taken. At least, I have found that so in my treatment of nurses.

MISS DOCK.—There is one punishment that is used sometimes—I don't remember whether I ever inflicted it myself or not; I think now it is quite a wrong thing, based on a wrong principle, because it humiliates the nurse publicly and does not do any good: that is, taking away a nurse's cap for the time being. I have heard of that being done.

MISS TWITCHELL.—In reply to the president's question as to whether there are any printed rules, one of our rules is that the superintendent shall dismiss all insubordinate or incompetent persons, reporting the same to the Board of Trustees at the next meeting. That is a printed rule with us.

THE PRESIDENT.—The chair would furthermore like to know if there are any other training-school superintendents who have the power of dismissing pupils.

MISS ALLERTON.—I will say that we have the power of suspending a pupil and keeping her off duty,—not dismissing her, but keeping her in the house until the matter is adjusted by the training-school board. I myself do not care for the authority to dismiss a pupil. I would rather that the pupil's side of the story should always be heard, and that the board should share with me the responsibility of dismissal.

MISS AYERS.—Another thing I would like to ask is, after six or eight or ten months, perhaps, when it is found on further observation that the pupil is not the proper material for a nurse, how the different superintendents manage to get rid of them without difficulty. We all know there are pupils whose conduct is excellent, and yet who have not proved themselves good nurses as they get farther along; or perhaps they have the mental but not the moral qualifica-

tions. Of course, those are more easily disposed of, but I should like to get the opinion of some of the superintendents on the other matters.

MISS GRISWOLD.—I have had some experience on that line, and I always try to make an appeal to the pupil herself, and have usually been able to get her interested in some other kind of work. In some cases I advise millinery.

MISS BANFIELD.—I am at present in charge of a small training-school. I am a graduate of a hospital of over two hundred nurses, and I think I may say that our discipline was strict, decidedly so,—military; and I did not notice amongst my over two hundred fellow-workers, a great many of whom I afterwards had charge of, that the training had killed their individuality. If they had it, it came out; in fact, it could not help but come out. But it does seem rather as it were, first of all, a question of the superintendent as much as the pupil. If you have a superintendent whom you can trust, the best way, it seems to me, is to trust her, and she will bring out, or should certainly if she is fit for her position, all that is best in her pupils in one way or another. As Miss Allerton said, I do not see how any of us can be expected to give the golden rule in training-schools. You get the best out of one woman in one way and out of another in another; some require military discipline and some require greater individual sympathy, and, of course, the difficulty with us is to give this individual sympathy to our pupils. After all, the pupil is only in the hospital for three years, and when she gets outside she can be just as individual as she pleases. We all know how much that is: it is not very much. So, really, I would say that I think we are not overdoing it. We do the best we can with the pupils and we know we have to have certain rules. We have all been pupils ourselves; it is not as if we did not know what it was like; and we have all had to obey rules we did not want to obey and to turn out our lights at times when we wanted them to burn. I have often been told by probationers that my rules are too rigid,—they do not seem to be afraid of me, and it affords me a great deal of amusement at times. But do we not all think that we have discipline in our schools? I do not think we have to lay at our own doors very much of the stifling of individuality. The person who cannot obey, I have never yet found can command.

MISS GROSS.—I think we all agree that in the hospitals it is necessary to have discipline among the pupils for the sake of the reputation of the hospital. There is nothing that affects the hospital and its good name so much as poor pupils,—that is, pupils who are not doing good work,—and for that reason we must have good discipline there. If one pupil does something that is entirely wrong in the hospital, it will be told by the patient with whom it has occurred and repeated all over the city, and she will do more harm than forty other pupils who are doing good work. We must control our pupils, and it seems to me the best way we can do it is by love. If we can teach our pupils to love us, if they are at all affectionate, you can appeal to their sympathy and treat them as if they were your younger sisters, younger in the same profession. Let them know that you are interested in them and that you want them to follow you. Let them know it is going to hurt you if they do otherwise. But you will find a few you cannot control even in that way, and then I think for those few who are left you must establish a rigid discipline. As Miss Allerton has already said, you cannot adopt any code that will appeal to those few who need the rigid discipline. What is punishment to one is not punishment to others, and one must study the individual pupil in order to know what is the need for that one.

BOOK REVIEWS



THE EUROPEAN TOUR. By Grant Allen.

Shall we take a little trip to Europe? Not the actual trip including seasickness and early trains, but *via* a most alluring little guide-book.

Of course, most people shun guide-books, but this one is a thing apart for its suggestiveness.

The underlying idea is that the European trip, properly undertaken, is a story whose fascination, enjoyment, and meaning deepen at every successive stage; that each town visited, each picture seen, if taken in the *proper* order, is a link in a chain leading to greater illumination of the next town, greater discrimination with regard to the next picture.

To *unfold* Europe is his aim, and to do this his routes often—in fact, usually—conflict with the orthodox routes.

Always he explains *why* one route is better than another; *why* Belgium, for instance, is artistically and historically more important than Holland; *why* the best way to understand Italy is to enter it by the Gothard Pass; because only by tracing development in a constantly ascending scale can we *understand* either the ancient or modern civilization.

"It is the continuity of ideas between the Middle Ages and modern times that gives half the charm to Europe; and it is for the sake of calling attention to these persistent features, of suggesting the reasons and explanations of things, that I have been moved to plan my series of Historic Guide-Books."

A VENETIAN JUNE.

Not a guide-book at all, yet full of capital short descriptions of the lovely sights of Venice—"thumb-nail sketches" of that city of enduring fascination.

A rather shadowy love-story takes up a good deal of space, but does not dominate the book or spoil the really vivid word-painting.

How many sight-seers will sympathize with the American girl in St. Marks: "I wish I knew whether it is really good. It's so beautiful that I'm dreadfully afraid it's meretricious"!

And the GARDEN CATALOGUES now being bestrewn liberally all over the land.

What more fascinating, engrossing employment for convalescent days than to pore over these really alluring little books? Many of them are positively artistic. The Wilkinson Elliott catalogue, of Pittsburg, is always a joy, not to mention many others.

With a pad of paper,—a *large* one, please!—a good soft pencil, and a pile of new catalogues one can spend many delightful hours planning and planting, and can almost smell the fragrance of the mignonette and roses so glowingly set forth.

LAURA DOUGLAS DOCK.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



THE DIFFUSIBILITY OF SCARLET-FEVER VIRUS.—J. Rutherland says in the *Lancet* that the scarlet-fever virus has a low diffusibility—that is, the poison is not carried from the sick by healthy persons who themselves escape but infect others. He has never found a satisfactory explanation of this mediate contagion. From observation of various outbreaks he was cognizant of no less than eighty-two different sets of circumstances, each of which was, so far as our present knowledge goes, in every way calculated to promote the transmission of infection in the manner specified, yet no such transmission occurred. This absence may be due, he thinks, to the weight of the desquamating scale containing the virus, the drying and rapid devitalization of the latter, or some cause or condition as yet unsuspected. This matter is quite distinct from the intensely contagious nature of the disease, for the author has seen only one single instance of a susceptible child escaping after contact with a desquamating case.

FORMALIN IN SEPTICÆMIA.—Dr. Barrows, assistant in the obstetrical ward at Bellevue Hospital, injected five hundred cubic centimetres of a solution of formalin, 1 to 5000, into the arm of a woman suffering from blood-poisoning. The temperature was over one hundred and seven degrees. Soon after the injection the temperature began to fall and by the next day was one hundred and one degrees. On the second and third days following the temperature rose again, the injection was repeated, the quantity being increased to seven hundred and fifty cubic centimetres. The temperature fell and the pulse became normal within a few hours.

A second case has been treated in the same manner with satisfactory results. It is thought that Dr. Barrows' discovery marks an epoch in medicine.

INFANTILE SCURVY.—The *Medical Record* remarks on this disease: "Sill has observed one hundred and seventy-nine consecutive cases of infants fed with pasteurized and sterilized milk, and found in ninety-seven per cent. of them unmistakable signs of rickets and scurvy, least marked in those cases where the feeding was supplemented with a small proportion of breast feeding. He thinks cow's milk is not bettered by sterilization or pasteurization for children. The better plan would be to thoroughly study the source and be able to exclude the possibility of disease. Sterilized or pasteurized milk, he says, is to the infant what canned or salt food is to the sailor."

PREVENTION OF MAMMARY ABSCESS.—Dr. Alfred C. King, in the *New York Medical Journal*, states that the treatment in the prevention of mammary abscess should really begin during the latter months of pregnancy by manipulating and drawing out the nipples and bathing them in alcohol or borax water to

harden the epithelium. Absolute cleanliness is requisite; frequent washing of the nipples with soap and water, followed by a saturated solution of boric acid, keeping gauze pads saturated with this solution wrapped around the nipples during the day and sterilized vaseline applied during the night. As an application, also, the author recommends the following combination:

R	Tannici (glycerite)	℥ii	8
	Alcoholis	℥i	30
	Aque rose, q.s. ad.....	℥iil	90
M.	Sig.—To be applied constantly on sterile gauze.		

For the pain give opium or codeine or morphine hypodermatically if the pain is unbearable, and apply lead and opium wash locally. Saline cathartics lessen the hyperæmia of the breasts. Belladonna ointment applied locally often affords comfort. Ice-bags are of great importance and should be employed in order to prevent pus formation. Support by bandages is necessary, employing the figure-of-eight in combination with the "straight-around" bandage, making gentle compression as well as support. Bacon's method of massage may be employed by beginning in the axilla and rubbing under the clavicle, gently at first and gradually increasing the pressure. The stroking is all directed away from the breast and not towards it. The purpose is to facilitate the flow of the blood and lymph back from the breast and to accelerate the flow in the efferent vessels.

AN ANTISERUM FOR MORPHINE POISONING.—The *Medical Record*, quoting from a German exchange, says Leo Hirschlauff has obtained an anti-morphine serum by treating rabbits with daily increasing doses of morphine until very large doses were borne with impunity. The serum obtained from animals thus treated was able to protect new animals completely from many times the fatal dose of morphine. Ample control-experiments were also conducted, so that the results obtained can in no way be doubted. Only one case of acute morphine poisoning in the human being has been treated by this serum. The result obtained was excellent, although additional treatment, such as atropine and caffeine, was given, so that the actual efficiency of the serum was not thoroughly tested. The serum has been used in five cases of chronic morphine poisoning with very encouraging results. All of these cases were habitués, and in them, under the influence of the serum, the morphine could be withdrawn with great rapidity. The usual dose of the serum was five cubic centimetres, but it is probable that ten cubic centimetres in acute cases is a more suitable amount. Its real value can only be ascertained by a more extended use.

ABORTIVE TREATMENT OF FELON.—Joseph Rilus Eastman states in *The Medical and Surgical Monitor* that in nearly all cases a felon may be aborted by the application of pure alcohol under exclusion of the air. As soon as the diagnosis is made the involved phalanx should be covered with a thin layer of sterile absorbent cotton saturated with alcohol. Over this a thin rubber finger-stall should be applied. The finger-stall should be rolled up itself from the open end towards the apex and applied over the cotton by unrolling. In the simple form of felon caused by the introduction of staphylococci into the rete malpighii restitution of the tissues occurs very promptly under the alcohol treatment. In deep cellulitis with inflammatory infiltration and abscess, pain

and tenderness usually subside within seventy-two hours. It may be said in criticism of this treatment that a means for escape of pus should be provided early by free incision. In severe septic cases the tissues should, of course, be promptly and deeply incised, in order that spreading may be forestalled or checked, but in simple cases incision may not only be unnecessary, but reprehensible.

TREATMENT OF BURNS.—The *Journal of the American Medical Association* says that Grosse describes a severe burn in a child aged seven, involving the face, neck, breast, and both hands, and over a portion of its surface destroying the stratum papillare. The patient was first treated with carron oil applications, but when he came into Grosse's hands he used applications of absorbent gauze wrung out of a 1 to 2000 chinol solution with the best results and a very considerable diminution of the scar. He remarks in favor of moist applications of this kind in preference to the oily ones, covering them with water-proof material and applying them tolerably warm. He does not favor cold applications. He discusses the subject from the point of view of the literature, and remarks, in closing, that similar applications are valuable in other kinds of wounds.

LEGAL REGISTRATION OF NURSES.—One of the measures likely to be presented early in the legislative session at Albany has for its purpose the registration and licensing of trained nurses. This proposed legislation had its birth in the city of Rochester and has received the encouragement and support of prominent members of the medical profession. A board of five examiners, appointed from among names presented to the Regents by the State Association of Nurses, is to conduct examinations of all eligibles under Regents' rules, the successful ones to receive license as *registered nurses*. This measure will not attempt to restrict others not so licensed from following this vocation, but will debar them from using the title "Registered Nurse," just as at present none other than persons so licensed by the Regents are permitted to advertise themselves as "certified accountants." We know of no objection to this proposed law, and if, as it is claimed, it will enable the public and the profession to differentiate the experienced and the inexperienced nurses, the bill deserves to pass.—*Medical Record*.

FEEDING THE COW.—Dr. C. L. Case, of Ramona, Cal., has been reading articles on infant feeding and expresses surprise that none refer to feeding the cow to secure suitable milk. He writes to *American Medicine*: "This is the plan I follow: A healthy cow is selected with a calf as nearly as possible the age of the baby, older rather than younger if a choice is necessary. The cow is given dry feed, plenty of hay and bran, and no green feed for the first two months, and, above all, no bitter weeds. To begin with I order two ounces of boiled milk, two ounces of boiled water, one ounce of limewater, five grains of white sugar, and one grain of salt every two hours, to be put into an eight-ounce graduated nursing bottle with no tubes. I gradually increase the milk about one-half ounce each month for each feeding. I also increase the sugar and salt in proportion with the milk, but the other ingredients I leave the same in quantity for about nine months, when the child usually passes from under my care and begins to eat with the family. The intervals between feedings are to be increased fifteen minutes each month up to six months and night feeding done away with as much as the child will allow."

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

PHILADELPHIA is said to have received from Mr. Henry Phipps a gift of one million two hundred and fifty thousand dollars for the erection of an institute for the study, treatment, and prevention of tuberculosis to be modelled on the lines of the Pasteur Institute in Paris, but to be devoted to the study of tuberculosis exclusively. Pavilions having a capacity for one hundred beds for advanced cases of tuberculosis form a part of the plans. These cases will furnish clinical matter for the study of the disease. Well-equipped laboratories, baths of every description, and, in fact, every device known to science for the study and treatment of the disease will be provided. The site has not yet been selected. The main building will include a Finsen light institute modelled upon the famous Finsen light institute of Copenhagen, which was erected at the expense of the Danish Government. Finsen introduced the method of curing tuberculosis of the skin by sunlight or electric light, and so successful has been his treatment of this disease that thousands of patients suffering from it have been attracted to Copenhagen from all parts of the world. There will also be a dispensary for the treatment of walking cases of tuberculosis modelled upon the famous Emile Roux dispensary at Lille, in Northern France.

MISS LILIAN CRAIG, Class of 1899, Toronto General Hospital, has held the position of nurse in connection with one of the large universities and writes of her experience thus: "The work here is most interesting and varied. The infirmary consists of a main building containing fourteen beds, and an annex for contagious cases containing the same number. The average number of patients is ten, making for the year four or five hundred, while there is provision also for dispensary dressings, which usually number about two hundred. Last year there were a great many typhoid cases and also scarlet fever, consequently when the term closed in June we found ourselves quite ready to take advantage of the rest.

MISS MARGUERITA CLENDINNING, lady superintendent of the City Hospital, Vancouver, B. C. (Toronto General Hospital), writes that there is a prospect of a new hospital being built in that city. Twenty thousand dollars has been subscribed within two months, and when the sum of fifty thousand dollars has been obtained the city is pledged to raise another fifty thousand. The site has already been secured, and consists of six acres of land delightfully located.

TRAINING-SCHOOL NOTES

THE HIGHER EDUCATION OF WOMEN IN TRAINING-SCHOOLS

NOTWITHSTANDING the wonderful advance of science in all branches of work in the past few years, nowhere can greater progress be seen than in the training-schools for nurses in our large cities. In point of time we are not so very far removed from the days of Sairy Gamp, but what an evolution has taken place in the hospital and sick-room! In what percentage of cases could the modern doctor hope for a successful recovery if he had not the coöperation of the modern trained nurse? Instead of striking terror into the hearts of the afflicted family,

the nurse is now made welcome, hailed with joy, in fact, and each year the demand for trained nurses is increased. People find that it is the greatest comfort to have a trained nurse always on hand, especially if they are travelling or there are delicate children to be watched and cared for, prevention being proved better than cure in many cases, and when her professional duties are light, the other resources of a nurse are sounded, and she has many calls on her talents, be they what they may.

The heads of training-schools are called upon, not only for well-trained nurses, but for bright, intelligent, companionable women, and they are doing all in their power to supply this demand; the consequence is that each year has some additional improvement in the schools. The course now means three years of hard work, and as "all work and no play makes Jack a dull boy," one of our New York hospitals is this winter giving the nurses a course of lectures on parliamentary law, and classes for physical culture, singing, and reading. These classes are conducted with a twofold purpose in view, that of entertaining and instructing. At the lectures on parliamentary law the nurses are taught how properly to conduct a meeting, a knowledge which they can put to good use at alumnæ and other meetings. The singing-classes are simply for pleasure, but the physical culture is an important part of the work. These women when they enter a training-school suddenly begin to use many muscles which, in the majority of cases, are not well developed; the result is backache, footache, pains of various kinds that are complained of at night, and bad position in standing. A few simple exercises relieve fatigue by equalizing the circulation and counteract the effect of any strain which may have been necessitated in the day's work.

Until lately, what principal of a training-school knew whether the nurse she was sending out could read aloud well? And yet one of the questions constantly asked is, "Can she read aloud?" At first it seems absurd, but on second thought one realizes that reading aloud is one of the chief ways of amusing and diverting the patient, that the days of convalescence are often longer than those of acute illness, and the matter assumes more importance. At this rate of progress, the day seems not so far away when the hospital course will vie with the college course in the higher education of women. Young women will pay high fees for tuition and take as much pride in writing "trained nurse" after their names as they now do in the B. A. degree!

L. F. S.

We are authorized to state that the report that has been circulated recently, to the effect that the Mills Training-School for Male Nurses in connection with Bellevue was to be given up because of certain abuses on the part of the young men is entirely without foundation, and we are assured that the following extracts from the New York *Sun* from an address recently delivered by Dr. John W. Brannan before the Hospital Alumni is accurate:

"Dr. Brannan said that he had intended to tell the company of the changes made in the insane pavilion at Bellevue, under which Bellevue patients now received the same treatment as that administered at the State hospitals; of the organization of a fire brigade, with frequent and regular drills; of changes in the house staff, and of the expectation of the Board of Hospital Trustees to start during the present year on plans for a new building which will take five years for completion and cost some three million dollars. But he dwelt mainly upon the recent charges against the administration of the alcoholic ward of Belle-

vue. When he told of the proposed new hospital building there was loud applause.

"Dr. Brandon said that charges absurd in their nature were made against one of the house staff, but that they were investigated and shown to be groundless and were dismissed. Three days later charges were made against pupils of the school so infamous that they might not be recited. They were made by a patient in the alcoholic ward. The District Attorney had felt called upon to take cognizance of them, and Dr. Brannan said that he had seen the District Attorney every day since.

"An open investigation had been determined to be best and the trial had gone far enough for him to say that the charges were baseless.

"The charges were not proved," he said, "and I know them to be unfounded." The tale was of an orgy lasting from ten o'clock in the evening until five in the morning, except when a policeman was present. How do we know that the charges were groundless? There were thirty patients in the ward at the time. We have found and examined all but four of these. Of the four, one is dead, one is in the Manhattan Hospital, and two are in the workhouse. The patient making the charges is the only one who saw what he described.

"There will not be a Scotch verdict. To my mind the District Attorney will bring charges against this man who made the charges against the hospital. If he be of sound mind, he will be punished; we shall insist upon it. And I think that from this time there will be no more charges against Bellevue Hospital.

"Let the other hospitals continue to send alcoholics, wounded burglars, attempted suicides, and insane patients to Bellevue, which is an emergency hospital. We will take care of them all, and incidentally we will give young medical men opportunities for training such as they can get nowhere else in town."

In a paper on "The Accuracy of Certain Clinical Methods" Dr. C. P. Emerson, of the Johns Hopkins University, mentions the nurses and their work as follows in speaking of the examination and testing of urine:

"But we shall not speak of the students' use of the method, but of the nurses', for we hope the time is not far distant when the urea chart will be the duty of the trained nurse as well as the temperature chart; for the successful use of the urea tube depends on skilful manipulation rather than scientific training, and a nurse can be trained to make the determination as satisfactorily as can the doctor.

"The Intermediate Class of the Nurses' Training-School connected with the Johns Hopkins Hospital is given a course in urinary analysis, consisting of lectures and laboratory work. They meet on six days, one hour a day, and are trained to make the following tests: Specific gravity; the presence of albumin (heat and Heller's tests), its amount as measured by the Esbach tube; the presence of sugar (Fehling's test) and the determination of urea with the Doremus tube. After this course they have a practical examination, testing various urines.

"The following are the results of the urea determinations made at this year's final examination. The question was, 'How many grains of urea per litre?'

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"Had we been able to provide them with the Hinds' modification I imagine their results would have been even more uniform, yet those who have used the apparatus with its one-cubic-centimetre pipette cannot fail to appreciate the uniformity of the above figures. I would also add that not one of the twenty-four nurses was in error concerning the presence or absence of sugar and albumin."

MISS GROSS, superintendent of Grace Hospital, Detroit, has established a new course of which she writes:

"I have begun a three-months' preliminary course for my present probation class. It is less extended than the Johns Hopkins course, but it is suited to our present means and is within the scope that I carry on without an additional assistant. I received eleven probationers (half the class) on January 5. They all spent the first few days in the home, where they were taught bedmaking, dusting, and various household duties, but not cooking. The cooking will be taught in the diet-kitchen. About the third day I sent a probationer to each ward and one to the diet kitchen for the forenoons only, the other four to remain in the home for a month, when they will go to the wards and another four to the home, and so on, until all have had experience in the three departments. The afternoons are spent in class and lecture work, from two to five. They are taught the theory and practice of nursing. Our lecture-course comprises the following: anatomy and physiology, hygiene and sanitation, dietetics and bacteriology. There is nothing new or original in this plan, but I think it is very essential that some time should be spent in the wards to ascertain the aptitude of the probationer for practical nursing. We are all exceedingly interested in this new phase of the work."

THE Massachusetts General Hospital Training-School held graduating exercises in the new surgical amphitheatre on February 16, followed by a reception in the domestic building, where refreshments were served. The exercises were of the usual order, but in Miss Dolliver's report the facts were brought out that the nurses had made and carefully recorded during the past year over two thousand observations on the effect of alcohol upon the appetite, tongue, sleep, temperature, respiration, pulse, etc., very materially assisting thereby a research in which one of the physicians was interested, and that they are now engaged in collecting one thousand observations on the conditions and causes of the act of vomiting, a research on which they hope to report at some future graduation. The following young ladies were given diplomas: Emily A. Snow, Alice K. Ruggles, Garnet I. Pelton, Helen A. Wayland, Harriet E. Maybee, Annabel Haskell, Della H. Folger, Mary E. Spear, Lucia L. Belles, Mabelle W. Parker, Celeste B. Shaw, Selma L. Kuhn, Lily H. McCallum, Mary L. Reynolds, Edith M. Duff, Maud A. Fisher, Mamie I. Lynds, Addie M. Kirby, Ada F. Adams, Annie L. Mulock, Alice C. S. Cushman, Kate W. Moorhouse. The attendance was large, including many distinguished physicians and nurses.

MISS ISA G. MACBRIEN, Illinois Training-School, Class of 1892, is acting as assistant registrar for the Boston Directory for Nurses, having been appointed last July. This directory is in connection with the Boston Medical Library, and it is highly complimentary to Miss Macbrien that she should be chosen rather than a Boston nurse.

[The Boston Directory is not in favor with all Boston nurses, who have started an independent directory of their own under the management of the Boston Nurses' Club.—Ed.]

THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



We are sure the guild at large will enjoy hearing from Miss Lizzie J. Woods, a member of the Boston Branch, who is now a missionary in Alaska:

"MISSION OF THE HEAVENLY REST,

"CIRCLE CITY, ALASKA, August 30, 1902.

"I had a very delightful journey, and the weather and scenery were beautiful. I arrived here at one-thirty A.M. It was a perfect day, being the time of the Midnight Sun. The Indians were up, and all came to shake hands with me, even little babies. . . . That day a mother brought her sick baby to me. She stayed herself to take care of it, but next morning it was dead of pneumonia. The same day three other children were sick, and their mother wanted them to be at the mission. Two had pneumonia and one meningitis. The pneumonia patients recovered, the other died. Two more patients died of meningitis. Out of ten patients I have had five deaths in about six weeks. . . . The Indian mothers and fathers are very fond of their children. They recognize when they are very sick and hang over them, worrying and watching every breath they draw. When they see the child is really dying they go away into a corner until the suffering is over; then they come and smile and kiss the little hands and feet, and the greatest part of their sorrow seems to have passed. I dress the little one and make its shroud. They manage to get white ribbons and muslin, and seem so pleased to have it so prettily dressed in white with ribbons and flowers. We have an abundance of beautiful wild flowers. . . . We put the little body in the church, where it remains until the day of the funeral. Then somebody brings in a wooden cross. I mark the little one's name on it. . . . The Indians are a very helpless people and don't seem able to do much work. Just one week ago my last little patient was buried. I have had my house cleaned, and to-morrow I start school. I am going to have the children in the morning and perhaps in the afternoon and evening.

"I am going to have a reading-class of the young men and girls who speak and read English a little. I think we shall read the Psalms. I want to train someone to interpret. To-day after Sunday-school I had a service for grown people. There were thirty-six present. I tried to read a simple instruction to them. The young man who interpreted did not understand very well. I endeavored to express the thought in the simplest possible language. We got through somehow, and they said they understood part of it. The young people are so anxious to learn English. . . . The bishop was here in August and we had a very happy time. He arrived between one and two A.M. The Indians were expecting him, so some met the boat. He told them there would be a service at four o'clock in the afternoon, and though they were all fishing some forty miles away, we had a congregation of sixty-five. One baby was baptized and two who had received lay baptism were received into the Church. . . . In the evening the

bishop had another service and talked with the people afterwards. The next morning, August 6, we had a celebration at ten o'clock. Part of the service was in English and part in the Indian language. Then we had a wedding. . . . The bishop left next morning about midnight. Mr. Rice (our new missionary) will come September 10. The little church, like all the buildings in Circle, is built of logs and stuffed with moss between the logs; the roofs are mud. The walls are covered with white drilling—no longer white. We have a little home-made altar and lectern and a Bible. We have some prayer- and hymn-books in English and the Indian hymn-books—but that is all. Some altar linen has been promised. The mission house, in which Mr. Rice will live, was one mass of débris. They had a fire there and left the place. Then the bishop got at it. Miss O. and I, with three Indian women, did a lot of cleaning one day, and after working four days with six Indians we had quite a respectable-looking house. Someone made me a couch out of a spring-bed. We had an extra bed and furnishings and two tables. I have bought a stove and may get a rug. It is quite dark now at nine o'clock in the evening, and I think the sun must begin to rise about four. The weather (September 2) is beginning to get chilly and the flowers are all gone. The summer has been delightful. . . . My school is very satisfactory, but I get so tired. It is so hard to make them understand. I have worked at four hymns ever since I have been here, and, really, to-day they seemed to know 'Jesus, meek and gentle.' . . ."

HARTFORD.—The Hartford Branch of the Guild of St. Barnabas held its meeting for November on the afternoon of Wednesday, the 19th day of the month, at Trinity Church. The Executive Committee of the Visiting Nurse Association was called together for the transaction of business an hour before the meeting of the guild. Dr. Hart, chaplain of the guild, conducted the religious service, commencing at half-past three o'clock, after which all adjourned to the pleasant assembly-room of the Parish-House. The hour following was devoted to listening to a delightful account of the General Convention of the Guild of St. Barnabas held in Philadelphia in November, which was given by Miss Beach, secretary of the Hartford Branch, and Miss Wilkinson, our visiting nurse, who attended the convention as delegates.

The December meeting was held at Christ Church Parish-House on the evening of Wednesday, the 17th day of the month. Much illness, the busy season, and "heavy weather" all combined to cause a small attendance. Dr. Hart, the chaplain, read prayers and delivered a brief address in the chapel at half-past eight o'clock.

The short hour following the service was spent in friendly, informal visiting around the pretty tea-table in the parish assembly-room. We were much pleased to have as our guest Miss Hodgson, the matron of the New Britain Hospital, and an interested and enthusiastic member of the Boston Branch of the Guild of St. Barnabas.

BROOKLYN.—Instead of the usual monthly meeting of the L. I. C. H. A. A. a reception was given by the members of the Executive Committee on Tuesday afternoon, January 6, in the Nurses' Club, 184 Amity Street, some sixty members being present, all the arrangements for which were carried out in a unique manner. A liberal supply of refreshments was provided by one of the best of the Brooklyn caterers, and heartily enjoyed by those present. The company were

pleasingly entertained by a late member of the choir of St. Thomas's Church, New York, who sang some half-dozen pieces in a masterly manner, social converse filling up the intervals. It was a very enjoyable time to all present.

CHICAGO.—The Trinity Branch of the Guild of St. Barnabas has been quietly and steadily going on its way. The number of members is gradually increasing and there is a fair amount of interest among the nurses, though not nearly as much as should be shown.

I think we often forget the obligations we voluntarily take upon ourselves when we join the guild, otherwise we surely would take more interest in our meetings than we usually do. We ought to remember that unless each member does her part we cannot hope for real success. Our February meeting was of particular interest. The programme, which consisted of an informal and interesting talk by Dr. Van Hoosen and of several vocal numbers, rendered in masterly style, was in charge of a committee from the Woman's Hospital. We heartily congratulate them on their successful entertainment. The programme was concluded by a most earnest talk from the Rev. T. B. Phillips, the new rector of Trinity Church, which was listened to with the greatest attention by all present. A short business meeting was then held, after which refreshments were served and a pleasant social hour spent. The sick-benefit fund is steadily increasing, owing entirely to the persistent efforts of the treasurer, Mrs. E. M. Bouchier, who has been devoting herself to the work. We have missed her kindly presence among us for some time past, owing to ill-health, and are longing to have her among us again. On the whole, I think we have much reason to feel thankful that our chapter of the guild is in as good a condition as it is at present.

ORANGE, N. J.—On January 29 the guild service was held for the first time in Christ Church, Bloomfield, the rector, the Rev. Mr. White, having during the past year become a priest-associate. A special trolley-car was chartered to convey the members from Orange. In spite of the threatening weather, about twenty-five were promptly on time to take advantage of the conveyance, and about the same number reached the church by divers ways. The full choir of boys assisted in the singing of the service, and a very able address was given by the rector on the subject of the Epiphany, "the manifestations of God's power, which is always with us." A very short business meeting followed the service, and a reception was given by the ladies of the parish and Mrs. White, which was most enjoyable. It is to be hoped that this first meeting in that direction may lead to interest in guild matters and future services in other churches, inspiring nurses to join who hitherto have been strangers. The sewing meetings continue to be held at their appointed dates and have been well attended.

Miss Corinne Heyward has had a sharp attack of pneumonia, but is, fortunately, recovering.

MISS E. BEATRICE OAKES, of Boston, whose appointment was announced last month as a missionary nurse, left Boston January 20, expecting to sail direct for Manila from San Francisco by the steamer Gaelic on January 28. Miss Oakes is to be associated with Bishop Brent in his new work in the Philippines.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

THE secretary desires to correct several errors which unfortunately appear in the list of contributors to the course on Hospital Economics at Teachers College. On page 14 Miss Palmer is credited with having turned over two hundred dollars to Mrs. Robb. This should have been two dollars, having been received through the JOURNAL and acknowledged therein. This was a printer's error and was overlooked in the proof-reading.

In the appendix list the name of the Johns Hopkins Alumnae was overlooked, and this is the more regrettable, as this Alumnae Association, which is notably public-spirited and active, has from the first shown much interest in the special course. The gifts which have actually come to the course through this alumnae are seventy-five dollars from the alumnae treasury and twenty-five dollars from Miss Bartlett, a member. Mrs. Sullivan, a Johns Hopkins graduate and one of the first to take the special course, returned to the college a scholarship of one hundred dollars which had been made a gift to the alumnae without condition.

Finally, Miss Kimber's gift of one hundred dollars came as a result of the good offices of Miss Nutting in the matter of the revision of Miss Kimber's book, and it was the wish of the latter that it should be so understood.

The eighth and ninth reports of the society are bound in one volume, and have been sent to members. Owing to a mistake of the binder, no paper-covered reports are to be had. Those who wish extra copies, or individuals not members who would like to obtain the report, can procure cloth-bound copies from the secretary for forty cents. This includes postage. L. L. DOCK, Secretary.

THE NAVY NURSE BILL

As the committee of the Spanish-American War Nurses on navy legislation, I have to report that there is a fair prospect of obtaining action this winter. Those present at our meeting will remember that the original bill printed in the annual report of the Surgeon-General and amended by a committee of our society was introduced in the Senate by Senator Gallinger (a physician and member of the Naval Committee) at my request. This met with so much opposition from the army, on account of offering conditions so much better than those of the army, that it became necessary to draft a new bill based on the army bill. I succeeded, however, in securing the consent of the Surgeons-General

of both services to those improvements which I considered most essential. These are: first, a fixed number of nurses as the permanent corps (fifty is specified) to be a part of the medical department; second, longevity pay, which means an increase of five per cent. in the pay for each three years of continuous service; and, third, cumulative leave. There is no transport question in the navy, and the ration is very superior, being worth almost twice that of the army. Therefore what is most needed to secure a fine corps is incentives to long service and the consequent improved "esprit" and feeling of permanence. It is hoped that the provisions mentioned above will secure this. It seems hardly necessary to add that if the navy gets good things, the army will soon have them too.

The Secretary of the Navy has refused to indorse this substitute (which Senator Dolliver introduced for me because Senator Gallinger was out of town at the time), but he will not strongly oppose it, as he did the first one, so the prospect of its becoming a law is still fairly good, though, of course, not certain.

The measure proposed now is not ideal in every way, but it seems satisfactory and the best which can possibly be obtained under existing circumstances. When we have nurses serving for long terms in the army and navy, retirement and pension provisions will follow. ANITA NEWCOMB MCGEE.

[Dr. McGee's report was received too late for the February number of the JOURNAL.—ED.]

In the Senate of the United States, January 6, 1903, Mr. Dolliver introduced the following bill, which was read twice and referred to the Committee on Naval Affairs:

"A BILL FOR THE ESTABLISHMENT AND ORGANIZATION OF A NURSE CORPS OF TRAINED WOMEN NURSES IN THE UNITED STATES NAVY.

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That a Nurse Corps of trained women nurses is hereby established as a part of the medical department of the United States Navy, and shall consist of one superintendent, to be appointed by the Secretary of the Navy on the recommendation of the Surgeon-General; of at least fifty chief nurses and nurses, and of as many reserve nurses as may be needed. Reserve nurses may be assigned to active duty when the necessities of the service demand, but shall receive no compensation except when on such duty: *Provided*, That the superintendent and all nurses in the Nurse Corps shall be citizens of the United States and graduates of training-schools which require not less than two-years' residence in general hospitals, and shall have passed a satisfactory professional, moral, mental, and physical examination.

"SEC. 2. That chief nurses, nurses, and reserve nurses shall be appointed by the Surgeon-General of the Navy, with the approval of the Secretary of the Navy, and that they shall be eligible for duty at naval hospitals and on board of hospital and ambulance ships, and for such special duty as may be deemed necessary by the Surgeon-General of the Navy.

"SEC. 3. That nurses shall receive forty dollars per month when on duty within the continental limits of the United States and fifty dollars per month when without the continental limits of the United States, and that nurses on the reserve list when placed on active duty shall receive the above pay with ten per centum additional. Chief nurses shall receive such pay as may be authorized by the Secretary of the Navy, not to exceed twenty-five dollars per month

more than that provided for nurses. The superintendent shall receive one thousand eight hundred dollars per annum. Chief nurses, nurses, and reserve nurses when on active duty shall be entitled to quarters, subsistence, and medical attendance during illness. Appointments of superintendents, chief nurses, and nurses shall be for three years, subject to discharge for cause, and with each reappointment they shall receive an increase of five per centum in their pay. They shall receive transportation and necessary expenses when travelling under orders, and may be granted leave of absence for thirty days with pay for each calendar year and if such leave cannot be granted, it may become cumulative."

SPANISH-AMERICAN WAR NURSES

THIRD ANNUAL MEETING, WASHINGTON, D. C.

Session of Wednesday, December 3, 1902

AFTER the preliminaries already reported, the regular business session was declared open, with the president, Dr. McGee, in the chair.

The chair announced that no objection had been made to any of the applicants for membership, and in accordance with the constitution all were therefore declared elected. Twenty-three of these are active members and four are associates. The minutes of the last meeting were read by the recording secretary, Miss Wilson, and, after correction, approved. The corresponding secretary, Mrs. Lounsbury, reported seven resignations sent in but not acted on, five camps formed (they had reported the day previous), and gave the names of forty-two members of the society who had married.

Dr. McGee being obliged to go to the Capitol on behalf of the navy nurse bill, Dr. Hughes was asked to take the chair for the rest of the morning. The treasurer's (Mrs. Lounsbury's) report was read, was reported correct by the Auditing Committee, and was accepted.

FINANCIAL STATEMENT

Balance on hand, 1901	\$530.38
Gross receipts from all sources (current and benefit funds, and interest on bank deposits)	536.92
	<hr/>
	\$1067.30
Total disbursements for the year, for current fund only	200.15
	<hr/>
Balance on hand, December 1, 1902	\$867.15
Which balance is divided as follows:	
Current fund	\$295.95
Benefit fund	264.97
Monument fund	306.23
	<hr/>
	\$867.15

No financial obligations were incurred for the present meeting.

The Committee on Incorporation, which was next called on, did not present any report, but the chairman, Dr. Hughes, recommended that the by-laws be amended so that the society should not come under the legal designation of a "benevolent" organization; that incorporation should be indefinitely postponed, and that when it becomes desirable, the society should incorporate under the

laws of Massachusetts or the District of Columbia. This report was accepted with the recommendations. The recording secretary stated that the Executive Committee had been advised by Mr. John B. Larner, a leading corporation lawyer, that it would be of no advantage to the society under present conditions to incorporate, but that if this should be done, the revised code of the District was considered excellent and national in character. Mr. Larner has offered his services to the society gratuitously should they be needed in the future. She also stated that Mr. C. J. Bell, president of the American Security and Trust Company, has kindly advised the committee regarding investments. On motion, votes of thanks were given Mr. Larner and Mr. Bell.

The Executive Committee, through the recording secretary, reported as follows: The Finance Committee and the Executive Committee recommend that the treasurer of the society be placed under bonds, said bonds to be furnished by a bonding company to be chosen by the Executive Committee; also that when the funds of the society are sufficient for the purpose they be invested in first mortgage railroad bonds. Report adopted with the recommendations.

After recess for lunch the session was resumed with Dr. McGee in the chair. She reported interviews with several Senators, including Senator Gallinger, M.D., a leading member of the Naval Committee, who would introduce the bill in the Senate the following morning. A rising vote of thanks was given Dr. McGee.

The proposed amendment to the by-laws, Article VII., striking out the section and substituting provisions for an obligatory life fee and the merging of the separate funds into one for general purposes, was next taken up and discussed. An amendment to this was moved by Mrs. Lounsbery striking out all after the enacting clause and substituting the wording of the existing article with the exception of making the optional life membership "eight" dollars instead of "twenty-five," as at present. On motion of Miss Fanning, this was amended by substituting "ten" for "eight," after which it was carried. Therefore the only change in the by-laws this year is to make the fee for life membership ten dollars instead of twenty-five.

Honorary members nominated at the first meeting of the society were then balloted for, and the tellers reported all of them elected. The names are as follows: Brigadier-General George M. Sternberg, Surgeon-General, United States Army, retired; Mrs. Winthrop Cowdin, of New York; Miss Mary Desha, Mrs. Amos C. Draper, and Miss Ella Loraine Dorsey, all of Washington; Mrs. Royal Gage and Miss Gilston, of Brooklyn; Mrs. Whitelaw Reid, Miss Mary Wadley, and Mrs. Ellen Hardin Walworth, of New York, and the Misses Lucy L. Wheeler, Julia K. Wheeler, and Carrie P. Wheeler, of Wheeler, Ala.

Brigadier-General A. S. Burt (retired), having sent in his card, was invited to speak of the Jacksonville hospitals, and a brief recess was taken to greet him.

Dr. Hughes, on behalf of the New England members, cordially invited the society to hold its next meeting in Boston in June, 1903. After general discussion it was moved that the next meeting be held in the West, and after the adoption of an amendment substituting "San Francisco" for "the West" it was carried. It was then voted that the meeting be in the late summer or autumn, the time to be fixed so as to take advantage of the exceptionally low rates offered the Grand Army of the Republic for its San Francisco meeting. On motion of Miss Robbins, who presented an invitation from the Business Men's League of St. Louis, it was voted to hold the 1904 meeting in St. Louis during the progress of the World's Fair.

The election of officers being next in order, it was moved that Dr. McGee be made president for life. The chair having ruled this out of order, and Dr. McGee having been regularly nominated, she left the chair to beg that she be relieved from the duties of president, though expressing deep appreciation of the sentiments of the members of the society towards her. She then nominated Miss Gottschalk, now chief nurse at San Francisco, for president, and, resuming the chair, called for other nominations, which, however, were not made. Thirteen nominations for vice-president were made, and tellers were appointed to count the ballots. The following were afterwards declared elected: President, Dr. Anita Newcomb McGee; vice-presidents, Misses Helene M. Gottschalk, Annie E. Robbins, Isabelle J. Walton, Elizabeth M. Hewitt, Mary E. Esser, Ysabella G. Waters, Isabel Eliot Cowan, Esther V. Hasson, Elizabeth McCoy, Mary A. Quinn. By unanimous consent, there being no other nominations, ballots were cast for Miss Lela Wilson as recording secretary and for Mrs. Harriet Camp Lounsbury for treasurer. A rising vote of thanks was given these officers, and a motion to give an honorarium of fifty dollars to the treasurer and corresponding secretary was referred to the Finance Committee. That committee, after retiring, brought in a recommendation in favor of the motion, and it was carried.

Miss Jackson, on behalf of the Philadelphia members, moved "that the Spanish-American War Nurses unqualifiedly endorse the wish of the War Department for the restoration of the army canteen. They do this in the cause of temperance, assured that they are peculiarly well fitted to judge the conditions, feelings, and temptations of the soldier, and that they have earned the right to speak with authority thereon." Motion lost.*

Regarding the monument fund, the president reported that she had endeavored to secure a reply from the Secretary of War to the request of the society for permission to erect in Arlington Cemetery a monument to their deceased comrades, and had at last been informed that permission would be granted provided the style of monument were satisfactory. The Executive Committee was authorized to take suitable action in the matter. It was voted that a revised list of members be printed in *THE AMERICAN JOURNAL OF NURSING* and in the *Trained Nurse* (if acceptable), and that reprints be ordered. Dr. Hughes moved that the chair appoint a committee to frame such amendments to the constitution and by-laws as would be necessary if the society incorporate as a social organization. Carried. The session then adjourned.

Session of Friday, December 5, 1902

Held on the steamer, returning from Mount Vernon. The president in the chair. Miss Stack, on behalf of Mrs. St. John, presented a gavel to the president. Dr. McGee distributed copies of the navy nurse bill introduced in the Senate Wednesday. A motion to recount the ballots for vice-presidents was offered and lost. A motion that at the next meeting the election of officers be held early

* The *Washington Post* having published on Thursday morning a conspicuous notice that the society was opposed to the canteen, the meeting on Friday directed the president to contradict it, and the following note appeared in the *Post* of Sunday:

"WAR NURSES AND THE CANTEEN.

"EDITOR POST: The Spanish-American War Nurses request that the following statement be published: The vote on the canteen question taken by the Spanish-American War Nurses was not for or against the canteen as such. It was in effect that the association as a body did not wish to take a public position on the subject. The association does not either oppose or endorse the canteen.

"ANITA NEWCOMB MCGEE,

"President S. A. W. N."

in the day was offered and laid on the table. No member of the Committee on Resolutions of Sympathy being present, a motion was carried that the secretary write suitable letters and that names and particulars be printed with report of meeting.

The committee to confer with the Spanish War Veterans and with its Auxiliary, Miss Saunders, chairman, reported a joint meeting held on Wednesday evening, and that the sentiments there expressed were in favor of recognition by the Veterans as the society of nurses of the Spanish War allied with them, although in all respects an independent body. The hope was expressed that the three societies might meet at the same time and place in future. Report accepted.

Motions of thanks to a number of ladies and gentlemen who had assisted in making the meeting a memorable and enjoyable one were carried unanimously.

After a recess, which was then taken, the session was resumed at the Ebbitt House. Some minor matters were discussed and the president was authorized to employ a clerk for the next meeting to assist the secretary.

Before the final adjournment Miss Stack appeared, bearing a large and beautiful loving-cup, which she presented to Dr. McGee from the members present as a token of esteem and affection and in appreciation of her efforts to make the meeting a success. The recipient was too much overcome by the renewed ovation she received to be able to make any suitable reply. She regrets that it is still impossible to give expression to her feelings towards the war nurses and the extent to which she appreciates their feelings towards her.

ANITA NEWCOMB MCGEE,
President Spanish-American War Nurses.

THE NEW YORK STATE NURSES' MEETING

The regular quarterly meeting of the New York State Nurses' Association was held at the Academy of Medicine, No. 17 West Forty-third Street, New York City, on January 20, 1903.

The meeting was called to order at ten A.M., Miss Juila E. Bailey, first vice-president, in the chair. The secretary, Miss Sanford, being absent, Miss Anderson was elected as secretary pro tem.

Miss Bailey then introduced Mrs. Cadwalader Jones, chairman of the Advisory Board of the New York City Training-School for Nurses, who gave the address of welcome. Mrs. Jones spoke of the honor of the profession and indorsed most heartily the efforts being made for State registration. She mentioned the fact that she was asked to secure Mr. Abram Hewitt's signature to a petition indorsing the bill for registration, and also to request him to speak a few words at this meeting. The family replied that Mr. Hewitt was so far from well that he could not make the engagement, but he signed the petition and it was returned inside of twenty-four hours, this being probably the last paper to which he affixed his signature.

The charter members and delegates were then asked to sit on one side of the room and the roll was called by the secretary. Thirty-nine charter members responded and six delegates from Bellevue Alumnae Association, representing nine votes, one from Monroe County Graduate Nurses' Association, representing six votes, one from the Homœopathic Training-School Alumnae Association, Roch-

ester, representing four votes, and two from the Faxon Hospital Alumnae Association, Utica, representing two votes, being a total of sixty votes represented.

The secretary then read the minutes of the last meeting, and they were approved as read.

In the absence of Miss Brooks, the treasurer, her written statement was read by the secretary, showing a balance of forty-five dollars and twenty-nine cents in the treasury.

The report of the Committee on By-Laws, Miss I. R. Palmer, chairman, was then called. Miss Palmer stated that the committee had no report to present, but she had had a petition placed in her hands signed by twenty-five members requesting several changes in the by-laws. The by-laws as they now stand require that a copy of this petition be made and sent to every member of the association before the first of March. Upon request, Miss Palmer read the petition with the changes desired in full. The brief changes recommended were as follows: that eligibility should also be contingent upon acceptability to the association; that the burden now falling upon the secretary alone should be shared by the Credentials Committee; that in place of holding the meetings quarterly they should be held semi-annually; that three instead of five should prove a quorum of the Executive Committee; that the article on amendments should be divided into two sections, one referring to the constitution and the other referring to the by-laws; that all amendments after being duly presented shall be decided by a majority vote of all members present.

The Committee on Legislation, Miss Allerton, chairman, was then called.

Miss Allerton stated that she was required to make a written report at the annual meeting only, but she would like to make an informal partial report. Miss Allerton gave a little history of the framing of the bill, and urged upon each nurse the necessity of taking a personal interest in it and doing all in her power to create public opinion in favor of it, and if possible to bring direct as well as indirect influence to bear upon the eleven Assemblymen and seven Senators who constitute the Committee on Public Health. The names of these eighteen men with their constituencies were read by the secretary.

Miss S. F. Palmer then read the bill as it now stands, and also a copy of the petition circulated for the signatures of citizens and physicians indorsing the bill. Miss Allerton said it had been considered wise not to have the bill presented until the middle of February. It was moved by Miss Thornton and seconded by Miss Dock that the report of the Committee on Legislation be accepted.

The Committee on Publication and the Press, Miss S. F. Palmer, chairman, was called.

Miss Palmer stated that the instructions given that committee at the last meeting have been carried out. There have been mailed eighty-seven copies of the letter submitted for the approval of the society to medical societies and ninety-two copies of the letter to women's clubs throughout the State. These letters were but recently mailed, in order that when the bill is presented the matter may be fresh in the minds of all. Consequently the acknowledgments so far have been few, though all received have been favorable. Miss Palmer then read several of the replies received.

Upon motion of Miss Dock, seconded by Miss Bower, it was voted to accept the report of the Committee on Publication and Press.

There was no report from the Committee on Finances, Mr. L. B. Sanford, chairman.

The Committee on Credentials, Miss Maxwell, chairman, was called.

Miss Maxwell reported that there had been applications received from thirteen nurses for individual membership, from four alumnae associations, and from the Association of Graduate Nurses of Manhattan and Bronx.

The individual names were as follows:

Miss Helena Hoeffner.

Miss Harriet Sutherland, Rhode Island Training-School.

Miss J. Amanda Silver, New York City Training-School.

Miss Theodora H. LeFebvre, New York City Training-School.

Miss Fannie E. Arthur, New York City Training-School.

Miss Mary J. Lambert, St. Lawrence State Hospital.

Miss Katherine Newman, New York City Training-School.

Miss Ellen E. Brady, Faxon Hospital.

Miss Sarah Roberts Cook, Faxon Hospital.

Miss Olive Strobelle, Rochester Homeopathic School.

Miss Beatrice Monteith, Brooklyn Hospital Training-School.

Miss Mary May Whitbeck, St. Luke's Hospital, St. Paul, Minn.

Mrs. Mary St. John, Bellevue Training-School.

The Alumnae Association of the Presbyterian Hospital Training-School for Nurses, New York City, membership, 118.

Lincoln Hospital and Home Alumnae Association, New York City, membership, 12.

The Alumnae Association of the Erie County Hospital Training-School for Nurses, Buffalo, N. Y., membership, 53.

The Alumnae Association of the Hospital of the Good Shepherd Training-School, Syracuse, N. Y., membership, 40.

The Association of Graduate Nurses of Manhattan and Bronx, New York City, membership, 30.

Upon motion of Miss Dock, the report of the Committee on Credentials was accepted.

Upon the re-reading of the names of individuals and societies by the secretary it was unanimously voted that they be received into membership.

The chairman then requested that a Nominating Committee be appointed. According to the constitution, the three directors form three of this committee, three others being appointed from the floor at the January meeting.

The three nominations were as follows: Miss Samuel, of New York City; Miss McKechnie, of New York City, and Miss Cameron, of New York City. These were then elected to serve with Miss Dock, Miss Maxwell, and Miss Palmer as the Nominating Committee.

Remarks were made by the chairman, Miss Palmer, and Miss Dock urging the nurses to take more interest and to be willing to undertake more work and responsibility in placing our profession in the position which we desire.

Upon motion of Miss Maxwell, seconded by Miss Rhodes, it was voted that in the future the secretary be allowed her living and travelling expenses during the time of attending the meetings.

A letter was read by the secretary from Miss Cadmus expressing her interest and enclosing a newspaper clipping referring to the association and indorsing the proposed bill.

Miss Maxwell then read letters from Mrs. Whitelaw Reid, Dr. Delavan, and Dr. W. G. Roberts giving their hearty indorsement and saying that they would

be glad to lend any aid possible to the elevation of the standard of the education of nurses.

Remarks concerning the bill followed, by Miss Twitchell, Miss Delano, Miss Allerton, and Miss Dock, all throwing light on its formation, its destined use, and how it may be aided to pass the Legislature.

Upon motion of Miss Thornton, it was voted that the association extend a vote of thanks to Mrs. Cadwalader Jones for her expressed interest in her address of welcome.

Upon motion of Miss Maxwell, seconded by Miss Dock, the meeting adjourned until two P.M.

The Presbyterian Hospital Alumnae Association invited the officers and delegates to lunch with them at the Savoy, an act of hospitality which was most heartily enjoyed by those partaking.

The meeting was again called to order at two-fifteen P.M.

Miss Dock introduced Dr. Janeway, one of New York's most prominent physicians, who spoke encouragingly in favor of the movement which has been inaugurated for the registration of nurses.

He was followed by Dr. Walter Sands Mills, of the Metropolitan Hospital, Blackwell's Island, who, as secretary of the Homœopathic County Society, represented that body as well as the Metropolitan Hospital, indorsing the movement and promising it support.

After a short recess the meeting was called to order and the remainder of the session was occupied in discussion of the proposed bill and in hearing suggestions of how best to accomplish its passage by the Legislature.

There were no criticisms of the bill made either by members present or by the visitors, and no amendment was proposed.

The Bellevue Alumni extended an invitation to the out-of-town delegates to see Sothorn in "Hamlet" in the evening.

There was also an invitation from the Presbyterian Hospital Alumni to meet them at the residence of Mr. H. O. Havemeyer at ten-thirty the following morning to be shown through his picture-gallery.

A hearty vote of thanks was given to Dr. Janeway and Dr. Mills for their kind presence and encouraging words; also to Miss Maxwell for her invitation to the picture-gallery, to the Bellevue Alumni for the theatre entertainment, and to the Presbyterian Alumni for the luncheon given.

There being no further business to come before the meeting, upon motion being made and seconded the meeting was adjourned to meet in Albany, N. Y., the third Tuesday in April, 1903.

L. E. ANDERSON, Secretary pro tem.

THE NURSES' SETTLEMENT IN NEW YORK

I WOULD like to take the opportunity of saying through THE AMERICAN JOURNAL OF NURSING that letters of inquiry regarding the work in the settlement and the possibilities for entrance have become so numerous that it is an actual impossibility to reply to them all as fully and as promptly as I should wish to do. Nurses who think seriously of taking up the work should apply in person to me or to any one of the older residents, as strangers are never taken into residence. When a vacancy occurs, which is but seldom, a new member is chosen from those with whom some member of the family is personally ac-

quainted; a month's residence is then given to test the fitness of the individual for the work. There are no set times for entrance, and no definite periods of service. I make this explanation in answer to many questions and for the information of earnest workers, whom we are all glad to meet at any time.

LILLIAN D. WALD.

NEW YORK STATE NURSES' ASSOCIATION

THE New York State bill as finally presented to the Legislature in February:

"A BILL FOR THE REGISTRATION OF NURSES OF NEW YORK STATE.

"SECTION 1. Any resident of the State of New York, being over the age of twenty-one years and of good moral character, holding a diploma from a training-school for nurses connected with a hospital giving a course of at least two years, and registered by the Regents of the University of the State of New York as maintaining in this and other respects proper standards, all of which shall be determined by the Regents of the University of the State of New York, and who shall have received from the Regents of the University of the State of New York a certificate of his or her qualifications to practise as a registered nurse, shall be styled and known as a registered nurse, and no other person shall assume such title, or use the abbreviation R. N. or any other words, letters, or figures to indicate that the person using the same is such a registered nurse.

"SEC. 2. The Regents of the University of the State of New York shall annually appoint a board of five examiners, which shall be selected from at least ten nominees of the New York State Nurses' Association, and with the advice of this Board of Examiners make rules for the examination of nurses applying for certification under this act.

"The Regents of the University of the State of New York shall charge for examination and for certification such fee as may be necessary to meet the actual expenses, and they shall report annually their receipts and expenditures under the provisions of this act to the State Comptroller, and pay the balance of receipts over expenditures to the State Treasurer.

"The Regents of the University of the State of New York may revoke any such certificate for sufficient cause after written notice to the holder thereof and hearing thereon.

"SEC. 3. Upon recommendation of the Board of Examiners the Regents of the University of the State of New York may, in their discretion, waive the examination of any persons possessing the qualifications mentioned in Section 1 who shall have been graduated before or who are in training at the time of the passage of this act, and who shall apply in writing for such certificate within three years after the passage of this act.

"SEC. 4. Any violation of this act shall be a misdemeanor."

MISS ALLINE'S REPORT OF THE CLASS IN HOSPITAL ECONOMICS FOR JANUARY

MISS ALLINE reports that during the month of January the students in the hospital economics class visited the Walker Gordon Milk Laboratory, where the manager kindly met them and gave a brief description of their method of modifying milk, practical points in the management of a dairy farm, and precautions advisable in handling milk for general use. The students then visited the labora-

tory and observed the modification carried on in accordance with various prescriptions sent in by physicians. The following week a visit was made to the New York Hospital. Much profit is derived from these visits. Each student is assigned a definite subject which she is expected to observe, and these points are afterwards discussed in class. The next available half day was spent at the State meeting. Since considerable knowledge of domestic science seems to be expected of our students, and since in the short period of one year it is impossible to do justice to the many subjects which the students wish to take up, Miss Alline advocates the extension of the term to two years as soon as this may be possible.

Our balance on hand is only sixteen dollars and eight cents. Funds are urgently required in order to carry on the work the remainder of the college year.

NORTH CAROLINA STATE NURSES' BILL

THE bill for the State registration of trained nurses in North Carolina passed the House successfully, but is being held up in the Senate by two private sanatoriums and one hospital on account of the two-years' course and the clause pertaining to pupil nurses.

NURSES APPOINTED ON THE NEW YORK CITY PUBLIC SCHOOL STAFF IN FEBRUARY

Miss CAROLINE DICKSON, Long Island College Hospital.

Miss Sarah B. Myer, Seney Hospital, Brooklyn.

Miss Netta Carter, Bellevue Hospital.

Miss Caroline Robin, Post-Graduate Hospital.

Miss Beatrice Parks, German Hospital, Brooklyn.

L. L. R.

CORRECTION

IN last month's issue Miss Krüer was mentioned as being a graduate of the German Hospital, New York. Miss Krüer, however, is a graduate of Mt. Sinai, in New York City.—Ed.

REGULAR MEETINGS

BROOKLYN, N. Y.—The quarterly meeting of the Alumnae Association of the Homeopathic Hospital was held January 14, 1903, at 280 St. James Place. Most of the time was spent in the election of officers for the coming year: President, Miss E. L. Park; vice-president, Miss M. White, D. O.; treasurer, Miss H. Taber; secretary, Miss C. Moor; auditor, Miss K. Fanning. The subject of the endowment of a chair in hospital economics at Columbia University was discussed. The proposition to aid in this matter was favorably received. More definite reports will be made at the next meeting.

CHICAGO.—An unusually delightful lecture with stereopticon on "The Village Care of the Insane" was given by Miss Julia Lathrop to the nurses of St. Luke's Alumnae Association and their friends on Monday, January 19, in the Auditorium at Hull House. Miss Lathrop's popularity as a worker and speaker was well manifested in the very large attendance, there being over two hundred present. Owing to much sickness in the city there was only a

small percentage of nurses in the audience, which is greatly to be regretted, for Miss Lathrop's knowledge of the conditions existing in the care of insane patients is very extensive. Her suggestions for the betterment of such conditions in our own vicinity were heartily met with, and truly inspired those present to do all in their power towards the advancement of such reforms.

DETROIT, MICH.—The annual meeting of the Farrand Training-School Alumnae Association of Harper Hospital was held in the library of the Swain Home on January 6, 1903. The meeting was called to order at three-thirty p.m., only a small number being present. After hearing the reports of the secretary and treasurer, which were approved, the Nominating Committee announced the officers for the ensuing year: President, Miss M. E. Smith; first vice-president, Miss Betteys; second vice-president, Miss Ella Russell; secretary, Miss Carle; treasurer, Miss Maude McCloskie.

PHILADELPHIA.—The graduates of the Jewish Maternity Hospital Training-School have organized an Alumnae Association with the following officers: President, Miss Annie Sophia Bullock, Class of 1900; first and second vice-presidents, Miss Fannie Weiss, Class of 1899, Mrs. Emma Dull, Class of 1901; secretary, Miss Betty Chodowski, Class of 1899; assistant secretary, Miss Rose Rubin, Class of 1903; treasurer, Mrs. S. Belle Cohn.

ORANGE, N. J.—During the past year four thousand four hundred and fifty-nine visits were made by nurses from the Visiting Nurses' Settlement, Orange, the number of patients being six hundred and twenty-three. The working corps is now: Head worker, Miss Margaret Anderson; her assistant, Miss Harriet Staples, and three pupil nurses. The settlement family also includes three graduate nurses, a deaconess in residence for a four-months' experience in district nursing, an untrained nurse, and two children. This work has become largely self-supporting.

GREENFIELD, MASS.—The graduates of the Franklin County Public Hospital organized an alumnae association on October 25, 1902. Meetings are held on the first Tuesday of each month. The officers are: President, Miss Anna Moritz; vice-president, Miss Katherine A. Martin; treasurer, Miss Anna Koch; secretary, Miss Anna D. Cornwall. There are committees for literary, social, and relief work.

BALTIMORE.—The University of Maryland Nurses' Alumnae held their third annual meeting December 18, 1902, at four p.m., in the reception-room at the hospital. The meeting was opened by an informal tea, kindly given by Mrs. Taylor, superintendent. Roll-call showed twenty-one members present. Election of officers for 1903 resulted as follows: President, Miss V. C. Weitzel; first vice-president, Miss G. L. Anderson; second vice-president, Miss E. B. Grey; secretary and treasurer, Miss Eleanor Mayes; auditor, Miss Milton. After the regular business of the alumnae closed, an address by Mrs. Taylor was given, explaining the object of St. Barnabas Guild for Nurses.

BUFFALO.—At a special meeting of the Erie County Hospital Alumnae Association, held at the president's home, 922 Main Street, Buffalo, N. Y., the

constitution and by-laws, which have been under revision for the last six months, were thoroughly discussed and adopted. The new by-laws will make some radical changes, the main ones being in the classification of members, and the meetings will hereafter be held monthly, except during the summer months. The February meeting will be held at the home of Mrs. L. H. Pfeffer, 70 Dodge Street, on the first Wednesday in the month. Mrs. Pfeffer is chairman of the Press Committee and will have charge of the printing of the new constitutions. The other item of business to be considered at the special meeting was the subject of the banquet, which it was decided to have at the Castle Inn, on Niagara Square, Thursday, January 22, at seven P.M. Mrs. F. M. Lewis, a noted teacher of parliamentary law, and Miss Damer were guests at the special meeting, which closed at five P.M.

BUFFALO.—The Erie County Hospital Alumnae Association of Buffalo will be five years old in June, but it held its first annual banquet on the evening of January 22 at the Castle Inn, on Niagara Square. By far a larger number of the fifty-odd members are non-residents of the city, but seventeen gathered about the festive board with their two guests of honor, Miss Annie Damer, so well known to all nurses, and Mrs. John F. Lewis, the popular parliamentary-law teacher of our city. A delightful repast was served, to which the company did justice while recalling reminiscences of their training-days and recounting experiences of work, outside of the hospital, in various lines. At the close the president, Miss McKinnon, presided and called upon some of the members to respond to the following toasts: "Our Guests," Mrs. L. H. Pfeffer; "Our Alumnae," Miss Jennie M. Cox; "State Registration," Miss Emma J. Keating. Miss Damer also spoke on "State Registration" and Mrs. Lewis spoke on "Parliamentary Law." After a very pleasant hour, with chat and music, in the delightfully quaint parlors of the inn, the company separated, feeling that an annual gathering should be the rule.

NEW YORK.—The annual meeting of the Bellevue Alumnae was held in the Training-School parlors January 15, 1903. The following officers were elected for the year: President, Miss Cameron; first vice-president, Miss Humphrey; second vice-president, Miss Dunne; secretary, Miss Rhodes; treasurer, Mrs. Bohling. Six new members were announced. After the business was finished the meeting adjourned for coffee and a social time.

BROOKLYN.—The regular monthly, also the annual, meeting of the Brooklyn Hospital Alumnae Association was held at the Training-School, Tuesday, February 3. Twenty-two members were present and five new names were added to the membership. The chief feature of the meeting was the election of the new Board of Directors for the coming year, as follows: Miss Van Ingen, Miss Montieth, Miss Coleman, Miss Elizabeth Percy, Miss Rowell, Miss Holt, and Miss Soulé. A special meeting of the Board of Directors was held immediately after the adjourning of the alumnae meeting and the following were voted in as officers of the association: President, Miss Van Ingen; first vice-president, Miss Percy; second vice-president, Miss Rowell; recording secretary, Miss Soulé; corresponding secretary, Miss Coleman; treasurer, Miss Holt.

NEW YORK.—At the annual meeting of the Mt. Sinai Alumnae, held January 4, 1903, the following officers were elected: President, Miss Freida L. Hartman,

58 West Forty-ninth Street; vice-president, Miss Elizabeth B. Chadwick, 110 West Ninety-fourth Street; treasurer, Miss Susie Shillady, 33 West Fifty-eighth Street; recording secretary, Miss Jane H. Ryerson, 82 East Eighty-first Street. It will assist in the work of the association if members will send changes of addresses to the secretary.

ORANGE, N. J.—A regular meeting of the Orange Memorial Alumnae was held at No. 12 Mutford Street January 21, 1903. Fifteen members were present and two names were proposed for membership. After the general business was finished a short account of the convention of the Spanish-American War Nurses, held in Washington, was read by one of the members; following this was a paper upon "Social Economics," after which the members were pleasantly entertained by Miss Susie Sanders.

BOSTON.—One of the most delightful meetings of the Nurses' Alumnae Association of the Massachusetts General Hospital was held at Hotel Nottingham, Tuesday evening, January 27. Fifty members were present. Only routine business was transacted, nearly the whole evening being given up to social pleasures. The dining-tables were arranged in the form of an open square and very prettily decorated with ferns and carnations. Just before leaving the dining-room the president, Miss M. E. P. Davis, very graciously voiced the sentiments of the association regarding the promotion of good-fellowship among the members, saying that one way of enhancing "camaraderie" is by embracing every opportunity of letting our members feel that we appreciate heroic or worthy effort, and by acknowledging our debt of gratitude to those whose lives and works have made landmarks in our history." Special mention was made of the "pride and pleasure we have in our 'honorary members,'—Miss Linda Richards, Miss J. E. Sangster, and Miss Anna C. Maxwell." In presenting these members with the pin of the alumnae Miss Davis said "the little offering could not be considered as a *reward*, but simply to give visible expression of our fraternal relations with those members whose *reward* comes from the consciousness of duty well done, and who *add* dignity and honor to the professional nursing world." Miss Richards's response was received with much applause. We were very glad to have Miss Richards with us, but regretted exceedingly that the other "honorary members" could not attend the meeting.

PHILADELPHIA.—The regular meeting of the alumnae of the Protestant Episcopal Church Hospital was held February 3 in the Nurses' Home. Twelve members were present and five new members from the Class of 1902 were admitted. It was decided that the alumnae should join the Consumers' League. After the business was finished tea and cake were served. Nearly all the members of this alumnae belong to the Philadelphia County Association and all are in favor of State registration.

BALTIMORE.—The third annual banquet of the University of Maryland Nurses' Alumnae was held at the club January 1, 1903, at eight P.M., and was thoroughly enjoyed by all present. The Committee on Arrangements deserve great credit for their work. The rooms presented a college appearance, being handsomely decorated with maroon and black, ribbons, candles, and flowers. Each member received as a souvenir a dainty water-color menu card with a written sentiment appropriate to the occasion by Miss Pauline Mosby. Toast mistress, Miss Grace

Anderson; respondents, Misses Blight, Dunderdale, and Wise. A dance gave the final touch to the programme, and with many good wishes for a new year the members parted, hoping to meet in 1904.

PHILADELPHIA.—The Alumnae Association of University Hospital held its regular monthly meeting on Monday, February 2, 1903, at three P.M., in the Nurses' Home. The president in the chair. Eighteen members present. Miss Brobson reported progress in arranging a curriculum for a "post-graduate course," but nothing definite yet; there is much detail work to be discussed, but the chairman hopes to submit a complete report of her committee's work at the next meeting. The following members were chosen as delegates to the convention next June: For the younger nurses, Miss Clarke; alternates, Miss Simpson and Miss Sweigart; for the older nurses, Miss Brobson, with Miss Barrett and Miss Casey as alternates. The secretary was instructed to write Miss Thornton, of the Nurses' Associate Alumnae, for the subjects to be discussed at the convention. Miss Brobson was asked to prepare a paper for the annual meeting in June next on "Post-Graduate Work."

PHILADELPHIA.—The Philadelphia County Nurses' Association held its regular monthly meeting on Wednesday, February 11, 1903, at three P.M., in the New Century Club, Twelfth Street below Chestnut, with the president, Miss Walker, in the chair. The minutes of the January meeting were accepted as read. The following committees reported: Publication, Arrangement, Room, Treasurer, and Councillor. Miss Milne, chairman of the Charter Committee, announced that a charter had been granted to the association. Miss Cornelia Happersett was elected and Miss Alverda Spackman proposed for membership. Miss Walker read a paper on "Post-Graduate Work," very clearly defining its need, its difficulties, and its advantages. General discussion on this subject followed, and a motion was made by Miss Rudden, seconded by Miss Fullom, that the secretary write to the superintendents of hospitals inviting them to our next business meeting to discuss with us the possibilities for such post-graduate work in aid of all graduates, but more especially for the graduates of small or "special" hospitals, in order that their graduates may by such post-graduate work be eligible for membership in this association. There were present fourteen members, and as guests six nurses from the Pennsylvania Hospital whom the members were pleased to welcome.

[Miss Walker's paper will be given in April.—Ed.]

KANSAS CITY, Mo.—The Kansas City Association of Graduate Nurses was organized January 8, 1903, in the Bonaventure Hotel, with eight earnest, enthusiastic members. Meetings are held on the first Thursday of each month. At the second monthly meeting, with Miss Vreeman in the chair, membership was increased to twenty-one, representing ten different schools, all very much alive to the good work that may be done. Officers elected are: President, Miss Rosine Vreeland; first vice-president, Miss Cornelia E. Seelye; second vice-president, Miss Emily Cordell; secretary, Miss Mary B. Hill; assistant secretary, Miss Albertine Battin; treasurer, Miss Clara White. Miss Seelye, Miss Hill, and Miss Landis were appointed to draft by-laws for the association. Mrs. Dickson and Miss Adams are the Programme Committee for the March meeting. The February meeting closed with a pleasant social hour.

BUFFALO.—On January 29 the annual entertainment of the Alumnae Association of the Buffalo General Hospital Training-School for nurses was held at the home of Miss Greenwood, 77 West Eagle Street. It was a masquerade with dancing and cards. There were some thirty-five present. Supper was served at small tables in the dining-room, which was decorated with ferns and white roses.

WASHINGTON.—The Alumnae Society of the Garfield Memorial Training-School for Nurses held its regular meeting on Tuesday, the tenth, in one of the lecture halls of the Medical Department of the Columbian University. Dr. Fry delivered an interesting lecture on "Obstetrics." The attendance was large, there being a number of nurses from other schools present. After the lecture a business meeting was held and several of the nurses gave "experiences," both interesting and instructive, which they had had in their work.

OWING to the fact that February was a short month, the official pages were closed a few days earlier than usual, making it necessary to hold over a number of reports and items which were intended for this number. Contributors are reminded that such material should be in the editor's hands not later than the fifteenth of the month, when possible.

MARRIAGES

On January 14, at Washington, D. C., Miss Rose Hoffman Haas, graduate of the University of Maryland Training-School, Class of 1897, to Dr. Samuel Frederick Pfohl. Dr. and Mrs. Pfohl will reside at Winston-Salem, N. C.

On January 29, at Concord, N. H., Miss Jennie Foster Moore, graduate of the Massachusetts General Training-School, Boston Lying-In Hospital, and Boston Floating Hospital, to Henri T. Fontaine, M.D., of Concord, N. H. Since July Miss Moore was in charge of the Margaret Pillsbury General Hospital at Concord.

At the home of Mr. and Mrs. A. G. Moody, East Northfield, Mass., on February 3, 1903, Miss Anna Moritz, graduate of the Franklin County Public Hospital Training-School for Nurses, to the Rev. George E. A. Reschke, of Wilkes-Barre, Pa.

OBITUARY

It is with much regret that we announce the death of Miss W. Agnes Thomson, a member of the Alumnae Association of the Boston and Massachusetts General Hospital Training-School for Nurses, who died at her home in Greenfield, Colchester County, Nova Scotia, June 1, 1902, of heart disease after a lingering illness of three years.

Miss Thomson was a member of the Class of 1893, remained in the service of the hospital as head nurse, and was later appointed to take charge of the sterilizing-room.

At the October meeting of the Alumnae Association a committee was appointed to prepare the following resolutions:

"WHEREAS, Our associate, Miss W. Agnes Thomson, has removed from our midst by death, be it

"Resolved, That we, the members of the Alumnae Association of the Boston and Massachusetts General Hospital Training-School for Nurses, extend to her mother and family expressions of deepest sympathy and regret.

"Resolved, That the above resolution be sent to the bereaved family, be recorded in the minutes of the association, and be published in THE AMERICAN JOURNAL OF NURSING.

"LENA S. WHIPPLE,
"A. McCRAE,
"Committee."

DIED, in Boston, December 26, 1902, Miss Florence Hutcheson.

Miss Hutcheson was a graduate of Bellevue Hospital, Class of 1886, and for the last year and a half occupied the position of superintendent of nurses of the Massachusetts Homœopathic Hospital Training-School for Nurses.

The following resolutions were adopted by the Alumnae Association of the Massachusetts Homœopathic Hospital:

"WHEREAS, Inasmuch as it has pleased Almighty God to remove from our midst our co-worker, Miss Florence Hutcheson,

"Resolved, That her many sterling qualities and her devotion to her profession will be remembered by all who knew her.

"Resolved, That we, the members of this association, extend to her family our heartfelt sympathy.

"Resolved, That a copy of these resolutions be sent to her family, printed in THE AMERICAN JOURNAL OF NURSING, and recorded in the minutes of the association.

"MARY F. FOWLER,
"HARRIET FORBES,
"HELEN F. CARR."

THE members of the Alumnae Association of the Illinois Training-School for Nurses record with sorrow the loss by death of two of their number, Miss Hannah Niehof and Miss Bertha Lentz.

Miss Niehof died on December 5 at Manila. She had been in the Philippines for several years, first as an army nurse, later holding a position in the Woman's Hospital at Manila. She was buried in the National Cemetery there.

Miss Lentz died in New York City on January 5 after a painful and hopeless illness. She had been doing private nursing there for some years. She was buried at Zanesville, O.

DIED, at Dividing Creek, N. J., January 30, 1903, Mrs. Anna Bergan Anderson.

Mrs. Anderson was a graduate of the Class of 1900 of the Paterson General Hospital Training-School.

After graduating she took a position as head nurse in the Nyack Hospital, giving up the position to marry Rev. Frank Anderson in September, 1901, and went to live at Dividing Creek, N. J., where she died.

"WHEREAS, Inasmuch as it pleased God to remove from our midst our fellow-member, who was beloved by all, be it

Resolved, That we, in the loss of our fellow-nurse and friend, extend to the husband and family of Mrs. Anderson our deepest sympathy.

"COMMITTEE ON RESOLUTIONS."

It is with deep sorrow that the Ramsey County Graduate Nurses' Association announces the death of one of their charter members, Mary Hall, who died after a long illness in October, 1902. Miss Hall was a graduate of the New England Hospital, Roxbury, Mass., and spent most of her time in private practice in St. Paul, Minn. She won friends everywhere. As one of the doctors remarked, "She was the most unselfish person I ever knew."

Resolved, That we, the members of the Ramsey County Graduate Nurses' Association, tender our sympathy to her sister in the East, to Dr. Jeannette McLaren, St. Paul, and that a copy of these resolutions be sent to THE AMERICAN JOURNAL OF NURSING and be recorded in the minutes of the association.

MARY WOOD, President.



FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



THE PROGRESS OF NURSING EDUCATION IN ENGLISH HOSPITALS

(From the *British Journal of Nursing*)

"It is always a pleasure to note the progress made from time to time in various institutions in raising the standard of nursing education and towards the attainment of a uniform standard. It is, therefore, with gratification that we record that St. Thomas's Hospital has now adopted the three-years' standard of training and certification. Until quite recently nurses trained in this institution received no certificate, and were placed on a register kept by the authorities at the end of a year. We congratulate the committee of this hospital on the action now taken, feeling sure that it is an act of justice not only to the nurses trained in the school, but to the profession at large and to the sick.

"At Guy's Hospital a new departure was made last year in the inauguration of a Preliminary Nursing School, thus systematizing the training. Not only is it of great benefit both to the probationer and to the school that she should receive instruction in such subjects as elementary anatomy, physiology, hygiene, dispensing, bandaging, use of instruments, bedmaking, housework, sick-room cookery, etc., before entering the wards, but during the course the matron and teachers have an opportunity of judging of the suitability of the pupils for nursing work, and those who are obviously unsuited can be weeded out before entering the wards at all, thus relieving the ward sisters of much unnecessary trouble and anxiety, and the patients of the ministrations of incompetent attendants. The preliminary training course at Guy's extends over six weeks, and the fee for the course, including board, residence, tuition, and practical work, is six guineas.

"While preliminary training for probationers is becoming increasingly recognized as desirable, it is probable that only in the largest hospitals will it be possible to organize courses of this kind, and the need of a central preliminary school, working in connection with all general training-schools, is becoming increasingly apparent.

"At the London Hospital the committee have had under consideration the desirability of encouraging the best nurses to remain in the service of the hospital, and have decided to give every member of the nursing staff an addition of five pounds per annum to her salary after six years from the date of her entrance as a probationer. Further, after the expiration of eighteen years' service, at a minimum age of forty-five, all members of the nursing staff will be eligible for pensions, the pension given being full pay without any allowances, calculated on the actual average pay received during the five years previous to the sister or nurse relinquishing her active connection with the hospital. The weak point in the scheme seems to be that 'pensions are only to be paid during the pleasure of the committee.' Thus the nurses cannot have the assurance of

a certain provision in their old age, although, no doubt, the committee would not feel justified in withholding a pension without grave cause, so long as they were financially in a position to pay it.

"The examination of probationers at this hospital is conducted by an outside medical examiner; undoubtedly a right principle, but to be complete there should be also associated with him a nursing examiner to conduct the examination in practical nursing, who should be unconnected with the hospital."

SCHOOL NURSING IN LIVERPOOL

[As the system of placing a nurse in the public schools has been recently established in New York, this account of the school work, taken from *Nursing Notes*, may be of interest to our readers:]

"I have been asked to give some particulars of the school nursing work in Liverpool, where we now have nineteen schools, being visited from once to three times a week, and in which from five thousand to six thousand dressings are done each month.

"The children are suffering chiefly from minor ailments, such as broken chilblains, sore heads, neglected cuts, eczema, etc., but cases of ophthalmia are constantly met with, and occasionally the nurses have to report to the teachers the discovery in an early stage of some infectious disease.

"Children are also sent to hospital through the teachers when they require spectacles, or for treatment when they are found to be unfit to come to school. When the nurse finds that a child requires more frequent attention than she can give on her visits, she is passed on to the district nurse of the district in which she lives.

"The difficulties connected with the work have never been great, and are now practically nil; managers, teachers, parents, children, and even caretakers seem now to be quite anxious to assist in making the nurses' work a success and in supporting her in every way. The average number attended to at one visit varies from fifty to one hundred, in larger schools sometimes more, and in one or two smaller schools or departments of schools there are fewer. The temporary dispensary is sometimes held in a cloak-room, sometimes in a classroom, given up for the purpose, sometimes in a gymnasium.

"Perhaps the best idea that can be given is to describe a visit to one of the schools.

"We reach the school and go down to the cloak-room a few minutes before the children are sent to nurse. We find the caretaker waiting, who has arranged the room with a table across the window covered with white oilcloth, which has been carefully rolled upon a stick so as to prevent it from cracking. The box containing lint, bandages, ointments, lotions, enamel trays, and small enamel basins is set ready for use, and he asks, 'Have you everything, nurse? Can I do anything more for you?' etc. Only a nurse who has had to overcome the difficulties arising from having to deal with an unpleasant caretaker can appreciate the kindness of this man.

"The key of the box, which is kept by the head-mistress, has been sent down, and while the water is heating in the kettle on a gas-ring provided for the purpose and attached to a gas-burner in the lavatory close by, nurse prepares for her patients. Strips of plaster, cut ready and kept in a round tin box, are laid out, lint, ointments, bandages in neat array, and the basins for lotions.

The children come in classes, in charge of a monitor, and one by one are examined by nurse. Some very dirty hands and feet and, alas! also faces, must be washed before any dressings can be thought of, and one of the older pupils is put in charge in the lavatory to see that this is done quickly and nicely.

"Each case is dressed and attended to speedily and in order and then passed back into school. There are fifty children this afternoon, and nurse is busy from two-thirty to four-thirty.

"The names and addresses of five children are taken and a report of them given to the head master or mistress, suggesting that they be seen by a dispensary doctor or at a hospital. One child has a bad cut across the knee-joint, one has very bad eyes, and there are two cases of serious eczema.

"Nurse now clears away. All the used dressings are gathered off the enamel tray and wrapped up in newspaper to be burned by the caretaker, all the utensils are carefully washed and then rubbed over with turpentine and replaced in the box, the oilcloth rolled up, and the room is as neat and tidy as it was before nurse started her work.

"As we take our way back to the home we are more than ever convinced of the usefulness of a nurse's visits to the schools attended by the poorer children, not only as a preventive measure, but as a means of decreasing the present suffering, especially among the little ones and in the winter time. Boys and girls are, of course, seen separately, except in the infant departments. The cost per school is from eight pounds to ten pounds per annum, which at present in Liverpool is met by the association, assisted by private subscriptions from school managers and others interested. In a school of two thousand children the cost per annum would be one penny per child, and so on according to the number in the school.

"S. W."

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

DURING the past year thirty-one new branches in England, five in Wales, eleven in Scotland, and seven in Ireland have been added to the institute, which, as our readers know, covers the whole country with a system of visiting nursing. The number of associations now affiliated in this way is five hundred and sixty-seven, and the nurses working in Great Britain and Ireland number one thousand and seventy-four. *Nursing Notes* says:

"At the beginning of the year the council of the Queen's Institute appointed a superintendent of affiliated county associations, whose duty it is to regularly visit such associations, seeing all nurses working in the affiliated districts, together with the principal members of their committees, and thus, with the help of the county superintendent, also a Queen's Nurse, acquainting herself fully with the lines of work in each county. It is interesting to find in counties as far apart as Cumberland and Hampshire, or as distinct in character as Sussex and Nottinghamshire, that, allowing fully for local differences, the methods of work, even the inevitable difficulties and prejudices, are almost identical. The aim of the county associations is to provide fully trained nurses to all districts which can adequately maintain and fully employ them. For those places where neither local funds nor the amount of work authorize the employment of fully trained nurses village nurses are provided. These are country women trained by the county associations, in nearly every case generously helped by the county councils. These nurses are fully qualified midwives, who also receive training in the elements of general nursing, and in return for

such training work at a lower rate of remuneration for a stipulated period in districts where maternity nursing is the principal need. It is encouraging to find the good standard of nursing required and maintained in these county associations, and the keen interest taken in the welfare of the nurses and the success of the work, both locally and by the central committees. The responsible position of the Queen's Nurses appointed as county superintendents is greatly strengthened by the cordial relations existing between them and the committees of their respective county associations, and also by the pleasant, helpful tone of the nurses, for whose standard of work they are held responsible."

ITEMS

WE have had pleasure in receiving the "Report on the Hospitals and Charitable Institutions of New Zealand," presented to both houses of the General Assembly by Mrs. Grace Neill, who, as our readers will remember, is a trained nurse holding the position of Assistant Inspector of Hospitals under the government.

Mrs. Neill's report is a splendid piece of work, and a most gratifying evidence of the fitness and ability of a trained woman for public service. Mrs. Neill was one of the first of that small but now slowly increasing group of trained nurses who are employed by their countries in executive positions.

Of the New Zealand registration law she says:

"An act to provide for the registration of trained nurses in New Zealand came into force on January 1, 1902, and a large number of trained nurses have availed themselves of its provisions. The act in no way interferes with the right of every person to employ whatever nursing he may desire, nor does it interfere with the employment of any untrained woman by a medical man or the public. The State merely gives a reliable list of nurses who have undergone three-years' training in a general hospital, and whose training has been tested by State examinations."

MISS KIMBER's many friends among nurses, both her own old pupils and others, will be glad to hear of her continued good health and happiness in her family circle. Miss Kimber divides her time between her mother's home in London and her brother's in the country.

To those who remember the stress of life on Blackwell's Island there could not be a stronger contrast than her letters now show, with her housekeeping, gardening, girls' clubs, and church interests.

REMINISCENCES OF A FRENCH HOSPITAL

[THE writer of the following article is a Swedish trained nurse who has travelled much and has seen hospital life in different countries:]

"Medical men in France have succeeded in excluding nuns from most of the hospitals and replacing them by lay sisters, but nursing is still on a very low plane there and does not correspond to modern medicine, which in France is very advanced.

"When I say nursing stands low I refer to the period about 1895, when I arrived in Paris.

"In those days I was very hungry for knowledge and eager to learn different methods, and had gone there to be taught their way of nursing.

"In France the hospitals being government or State institutions, no foreigner can be employed, as a rule. However, by special permission I was allowed to attend the lectures for the nurses.

"As I, however, insisted that I had come to work with the patients and do what their own nurses did, I was answered that Paris surely offered other material for knowledge and enjoyment for a woman of education than manual labor in a sick-ward. When I explained that I had travelled to France, not to enjoy myself, but to study in the hospitals, the authorities, shrugging their shoulders at my eccentricity, allowed me to work in *L'hôpital de la Pitié* as a nurse without salary, and paying my own expenses outside the hospital.

"Consequently I lived in a boarding-house, where every morning at six o'clock I had my breakfast before starting for the hospital. In the middle of the day the hospital was kind enough to give me a lunch with the nurses, and in the evening I had my dinner after reaching my boarding-house at seven-thirty P.M.

"In each ward, male and female, was a man whose work it was to sweep the floors and lift the patients, place them on stretchers, and carry them to the bath-rooms, where they were handed over to the nurse. In the male surgical wards was a male nurse called a 'dresser,' who helped the surgeons with their dressings.

"So as to secure the services of the head nurses, for a long time they were allowed to be married, and each had a small apartment consisting of three rooms, where they had their husbands and children living with them. Generally such an apartment was in the rear of the ward, so that the night nurses could report to the head nurse in case of anything serious happening in the night.

"Meals were served to the patients in a very unappetizing manner, but the food was good and of sufficient variety to tempt a poor appetite.

"When the professor, called 'chef,' made his rounds in the morning with his internes and students and young doctors he was also accompanied by a pharmacist, who carried a book in which all the professor's orders were written. After rounds the book was sent to the pharmacy, from where for each patient prescribed for the dose sufficient for twenty-four hours was sent in a small bottle, which, when it arrived in the ward, was put on a small table beside the patient's bed, from where the nurse measured it out to him in spoonfuls, or, if he were able, he took it himself.

"*La Pitié* was a very old hospital, but it possessed a most complete and modern small operating-theatre. Nowhere have I seen more rigorous and perfect antisepsis and asepsis. Let me say here that I saw wonderfully perfect results in the ward.

"Talking of antisepsis, Dr. Berger, for instance, allowed no glass basins in his operating-room. He claimed that though they were very ornamental, they could not be sterilized as completely as the very thick china ones he made us use. After these with cleansing and soaking had been sterilized as well as glass ones ever could be, just at the last moment,—in fact, while the surgeons were scrubbing their hands,—the nurse poured alcohol in each basin and lit it with a match, and not until the flames had licked the entire inner surface of the basins was the sterile water for sponging poured into them.

"Dr. Bournoville has done a great deal to improve nursing, but I am afraid the revolution will not be complete until he gets a thoroughly trained nurse to start a training-school. French people are wonderfully bright and quick at learning, but, as all the world knows, they are not practical. French doctors are very clever and scientific, and it would seem their work must be often ruined by lack of nursing.

"The nurses mostly belong to the servant class. They went to lectures between eight and ten in the evening after having been on duty from six A.M. The lectures were given by medical men in one of the amphitheatres used in the morning for lectures to the students.

"The head nurses gave us lessons in bandaging, in the names of instruments, and practical demonstrations. I still have a list of our themes: administration, anatomy, physiology, asepsis and antisepsis, hygiene, pharmacy, confinements, practical exercises.

"At the end of the term of nine months examinations were held. We had written examinations, and wrote our papers under strict surveillance. We had also examinations in practical demonstrations, with quite severe boards of examiners. Since I left head nurses have to pass an additional examination. French midwives study very hard for three years and are very competent. In no country in the world are women during confinement helped more skilfully than in France.

"The nurses' dormitories were miserable rooms, with four beds, a chair or two, and one small washstand in each, and the nurses had their meals in a kind of shed next to the kitchen. I told them that if they would make a comfortable home for nurses in the hospital they would get a better class of women in.

"It is still a new idea for French girls of good family to earn their own living, but in time they will learn to do it. The doctors looked with much astonishment at me working in the wards, and could not understand that a woman of education and good social position would of her own free will choose to labor in a sick-ward. They seemed unable to understand the true pleasure I found in it, and were constantly trying to persuade me to study medicine. In fact, they treated me as a medical student, in spite of my persistently claiming not to be one, and they taught me things and explained things to me which they would never have thought of debating with their own nurses. The professor often addressed me at the clinics and asked me questions.

"When I left France I wended my way to the new world of America, where I had been told nursing stood very high.

"I have often wondered why different nations are so unwilling to be taught by others. Each country has something it can teach to the others, and unless we realize this, our education cannot be international and broad, and, after all, that is what we aim at. Why should not what is clever and good be spread the whole world over? The whole world seems to me like one country. Why should we not all learn that a thing can be done in more than one way, and that more than one road leads to Rome?

"France can teach America a great many things, but America can teach France how to educate nurses.

"CARLI ANDERSEN."



CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING FEBRUARY 11, 1902.

ARMISTEAD, AMANDA J., transferred from temporary duty at the General Hospital, Presidio, San Francisco, to duty as instructress in cooking at the Hospital Corps School of Instruction, Fort McDowell, Angel Island, Cal.

Barker, Mary C., reappointed January 16 for duty at the General Hospital, Presidio, San Francisco.

Blanchard, Maud E., graduate of St. Luke's Hospital, Denver, Col., appointed January 22 for duty at the General Hospital, Presidio, San Francisco.

Brinton, Elizabeth M., formerly on duty at the Military Hospital, Iloilo, P. I., arrived in San Francisco on Logan January 13; reported at Fort Bayard, N. M., January 25, for duty at that post.

Bunker, Sarah Russ, transferred from General Hospital, Presidio, San Francisco, to duty in the Philippines; sailed on the Thomas January 31.

Burke, Nina M., formerly on duty at the Military Hospital, Iloilo, P. I., arrived in San Francisco on the Logan January 13; reported for duty at Fort Bayard, N. M., January 25.

Cope, Annette, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines; sailed on the Thomas January 31.

Hepburn, Sarah M., transferred from the General Hospital, Fort Bayard, N. M., to duty at the General Hospital, Presidio, San Francisco.

Howard, Carrie L., transferred from the General Hospital, Fort Bayard, N. M., to duty at the General Hospital, Presidio, San Francisco.

McGary, Margaret W., formerly on duty at the First Reserve Hospital, Manila, discharged in Manila.

McNaughton, Bessie B., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines; sailed on the Thomas January 31.

Mason, Edith A., graduate of U. B. A. Hospital Training-School, Grand Rapids, Mich., appointed February 3 for duty at the General Hospital, Presidio, San Francisco.

Meuser, Gretta Belle, graduate of the Colorado Training-School, Denver, appointed January 24 for duty at the General Hospital, Presidio, San Francisco, Cal.

Riordan, Marie A., transferred from duty as instructress of cooking at Fort McDowell, Angel Island, Cal., to duty as nurse at the General Hospital, Presidio, San Francisco.

Thacher, Clara, formerly chief nurse at the Military Hospital, Iloilo, P. I., discharged in Manila.

Thompson, Ida L., recently arrived in the Philippines, ordered to duty at the Military Hospital, Iloilo, P. I.

Valentine, Minnie I., transferred from the General Hospital, Fort Bayard, N. M., to duty at the General Hospital, Presidio, San Francisco.

Van Derhoef, Ida E., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines; sailed on the Thomas January 31.

Wattie, Jessie, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines; sailed on the Thomas January 31.

Wilson, Genevieve, formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Woods, Julia E., leave of absence previously reported extended thirty days; reassigned to duty in the Philippines; sailed on Thomas January 31 in charge of party of five nurses.



NEW WOMAN'S HOTEL.—Many of the JOURNAL readers who make periodical visits to New York will be interested in the opening of the Martha Washington Hotel, exclusively for women, which will be patronized very largely by women of the working classes and professions.

The Martha Washington is a twelve-story brick and stone structure, extending through from Twenty-ninth to Thirtieth Street, with a frontage of seventy-five feet on each street. There are apartments, single and en suite, for about five hundred permanent guests, and accommodations for one hundred and fifty transient guests.

When the project of a hotel exclusively for women was broached it received the commendation of employers of women, church organizations, and women's societies, and many self-dependent women expressed their favor of the plan and asked that rooms be reserved for them. Nurses, physicians, musicians, artists, and business women subscribed for stock.

The cost of the land and building was more than eight hundred thousand dollars, Manager Case says, and the amount above the capital stock was borrowed on mortgage. The rooms for permanent guests have been rented at from three to seventeen dollars a week, without board. Meals may be had for six dollars a week. Transient rates are from one dollar to three dollars and fifty cents a day.

Reception-rooms have been provided in each story. The second story has several private parlors. In that story is a general dining-room. Men are not to be permitted to enter there. They will be able to obtain meals à la carte in a separate restaurant in the first story. The regular guests will have all of the conveniences offered by a modern hotel, including a large library.

A MUNICIPAL BREAKFAST.—Commissioner Folks, of the New York Department of Public Charities, has decided that a slice of bread and a cup of coffee do not make a sufficiently nourishing meal for a man who is setting out to walk the streets of the city searching for employment. The lodgers at the Municipal Lodging-House will hereafter receive for breakfast, in addition to the coffee and bread, a dish of oatmeal with milk and sugar.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: I wish the leaders in the general discussion of nurse training, now busy in writing up professionalism, preparatory schools, State registration, etc., etc., would turn their bright minds upon the question of what to do with unworthy graduates, how to guard even an ordinary training-school, to say nothing of a State register, from the discredit of young women who are disgracing their diplomas. No school in the country is without its unworthy graduates, women who have entered the hospitals on credentials as to general excellence which cannot be gone behind, women who perform their duties creditably, pass their examinations well, and, successfully eluding the watchful eye of officers, carry off their diplomas after two or three years of hospital training, and reveal in family practice their selfish unfitness to be trusted in a sickroom. Such women are careful to join some nurses' club, some alumnae association, where an *esprit de corps* refuses to accept any statement to their discredit and resents any unfavorable criticism. Women of this class, falling back on the testimonials which first introduce them to the hospital, indorsed by the alumnae, holding a diploma, and passing any examination as to their intelligent knowledge of their profession, would certainly be admitted to State registration, and, doubly indorsed, be let loose on the helpless public. What would you propose as a remedy for this state of things, which exist now in every training-school, if the truth were known? It is useless to say, be more careful about the selection of pupils and more strict as to requirements for graduation. Such cases would not be touched by these precautions. They are generally smart women who have been politic enough to do well till their diploma is secured, and who as private nurses disgrace their schools.

The trouble does not "correct itself;" families worry along with the nurse and are thankful to get rid of her on any terms when her engagement ends. They will not embroil themselves with her by complaints, and so she carries her selfish "professionalism," her opium and gin habit, into other distressed homes. What redress has a school under such circumstances?

All other professions have means of ridding themselves of unworthy members. Even the Stock Exchange expels a man for questionable practices, lawyers are disbarred, and physicians are turned out of medical associations. Graduate nurses only flourish their diplomas, and pursue their unlovely way.

In the interests of a long-suffering public, the whole question deserves the careful consideration of the bright women who lead and grace their profession. The protection of the trained nurse by associations and journals and professional regulations of all sorts is all very well, but how is society to be protected from the trained nurse?

A MEMBER OF A TRAINING-SCHOOL COMMITTEE.

DEAR EDITOR: The subject of non-graduate nurses seems to be occupying the minds of both the medical and nursing professions just now. It seems to me

they have their place as well as we. Looking at the subject from the people's standpoint, it seems rather hard lines for a man who is supporting his family upon from fifteen to thirty dollars per week to be forced to employ a nurse who charges fifteen dollars per week (at the very least) to take care of his wife if she chance to be attacked by some trifling illness. Many times all that is required is to keep the patient clean and comfortable and to administer food and medicine according to the doctor's directions. It certainly is not wise for a nurse to charge less than the usual fee for such cases, yet I am sure I should feel very uncomfortable many times in accepting my fee did I not know there were non-professional nurses in the city who could be procured for less money. It certainly should be against the law for them to claim to be graduates, but I hope, for the sake of the people, the time will never come when they may not be employed.

I would appreciate it very much, and think perhaps there are others who would also appreciate it, if diet-lists were published in the JOURNAL suitable for special cases,—Bright's disease, stomach troubles, etc.

A NEW SUBSCRIBER.

[Such a list was published in the November, 1900, number of the JOURNAL.—Ed.]

DETROIT, MICH., February 8, 1903.

DEAR EDITOR: In view of the fact that a movement is on foot to establish laws to regulate the practice of nursing, it may be well to call attention to the desirability of making the laws in the various States uniform, so that nurses who intend to change their location may not meet with unnecessary difficulties. You are undoubtedly aware that the medical practice acts vary considerably, and that much annoyance is caused thereby. I think that it is easier to establish uniform laws from the beginning than to change all individual laws afterwards in order to make them equal to those of other States.

EMIL AMBERG, M.D.

DEAR EDITOR: There is one subject which I have not seen mentioned in the JOURNAL,—namely, the dignified maintenance of nurses who are too old or who have become incapacitated, through loss of robust health, so that they are not able to do professional work.

Not long ago in a weekly journal I saw an advertisement to this effect: "A trained nurse in New York City would be glad to give her services for a part of the night in return for board, laundry, and a small compensation."

In the same journal I frequently see advertisements stating that a trained nurse would like a position as companion or as a nursery governess or to take care of an infant under a year old, and when I read them I always feel irritated. But, on the other hand, probably the women who advertise are in urgent need of employment, and, of course, to have had a nurse's training would be in their favor in securing the above-named positions. Also I have heard it stated by a prominent physician that a nurse ought not, as so many of them do, to engage herself to a maternity case for three months. He held that neither mother nor child, in a normal case, could be considered a patient after the lapse of four weeks, and that it was as undignified for a nurse to accept money for other than professional services as it would be for a lawyer or a physician to do so.

I would be glad to have your opinion on these subjects.

I wish to express my appreciation of the JOURNAL. I have renewed my subscription to it with the feeling that I could not well get along without it. Aside from its evident educational value, it forms a pleasant social bond. I must confess that I always look first at the report of the "Guild of St. Barnabas," and then at the "Hospital and Training-School Items," to see what news I can find of my friends. Nurses are, as a rule, too busy for much correspondence, yet it is pleasant to know what is happening to one's workmates, and the JOURNAL often brings welcome news.

SUSAN B. JOHNSON.

[From a strictly professional standpoint we think the doctor is right, but, on the other hand, trained care during the first three months of a child's life may make a vigorous man out of puny material. Many nurses feel that such cases give them a rest from worry, which makes it possible for them to work longer years without loss of money, which seems justifiable.—Ed.]

DEAR EDITOR: Ever since the JOURNAL came into existence I have been a subscriber and reader, and as I have been far away from hospital centres and nursing fields, I have welcomed its monthly appearance with delight, feeling that it was helping to raise my standard and to renew my earlier ambitions and desires. I have also been keen to send some little helping word that would assist some other nurse who is battling with disease, filth, etc. Prominent among my early struggles in the small hospital of which I have control were those with vermin, and I learned the value of Sabadilla. Rubbed well into the roots of the hair, it kills them off miraculously, and one need feel no fear of going near a patient after the Sabadilla has been applied, as it gets in its deadly work at once. I sing its praises, for it has saved me many a heartache. As it is only ten cents an ounce, its cheapness will recommend it. I have never found any vermin on an Italian, with one exception, although the peasant type are famous for their filth and unkemptness, but the Swedes, Cornish, and lower-class Americans teem with them.

Perhaps it would be wise to relate a little experience we had in the hospital with picric acid.

A man was burned by the explosion of a gasoline tank, and as quickly as he could immersed himself in a hogshead of water, then hurried to a doctor's office. The patient was suffering intensely, and the doctor made a solution of picric acid in a pail and plunged the man's arms in it and deluged the other portions of the body that were burned with it. The next day the patient grew steadily worse, and on the following day was admitted to the hospital. I secured a sample of urine, which was a very dark coffee color, and the physician said immediately the man was poisoned, and was suffering from the poisoning, and not from the burns, as supposed. I hastily bathed the patient and endeavored to get off all the picric acid, gave normal saline solution subcutaneously and in enemas, but to no avail, the patient rapidly becoming delirious and dying shortly in great agony.

M. R. M. B.

DEAR EDITOR: Naturally, among the nurses of our State who have neither had nor made an opportunity to follow the proceedings of the New York State Nurses' Association during the nearly completed two years of its existence there

exists some bewilderment as regards the present state of things in our efforts to procure legislation. Therefore, through the pages of the JOURNAL we seek some information regarding Miss Nye, whom we understand to be the originator of the opposition.

Is this true, and, if so, who is she as regards our profession? Where did she graduate from and when, and in what line has she since pursued her work?

When one individual leads an opposition against an organized body of the representative women of a certain profession it is quite proper that one should inform herself upon all sides; hence my query. C. N. E.

[We have never had occasion to investigate or to doubt Miss Nye's professional record. She is said to be a graduate of a training-school in Indianapolis, Ind.; the name of the school and the date of graduation we are unable to give. We know her at one time to have held the position of night superintendent at the University of Pennsylvania Hospital, Philadelphia, and to have been in charge of a small private hospital in Buffalo. She has not been engaged in nursing work of late years, but has been in the employ of the New York Life Insurance Company, soliciting among nurses.

Miss Nye was among the first to take an active interest in registration. She was the first president of the New York State Nurses' Association, but was not nominated for reelection, since which time she has led an exceedingly small but very bitter opposition. Miss Nye is an able woman, but from her attitude one must infer that she has been too long out of touch with the higher educational progress in nursing to be able to appreciate the aspirations of the New York State Nurses' Association in its efforts to place training-schools and trained nurses under the supervision of the Regents.—Ed.]

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



ORGANIZATION OF NURSES.—At the annual meeting of the Medical Society of the State of New York mention was made of the fact that a bill was to be introduced into the Legislature asking that trained nurses be licensed by the State in accordance with rules prescribed by the Board of Regents. The speaker was of the opinion that this movement was wise, timely, and in good hands, and deserved the hearty support of this society. He advised that the matter be referred to the Committee on Legislation, with instructions to support the measure in the Legislature in every way possible.

THE LEGAL REGISTRATION OF NURSES.—A bill is shortly to be introduced at Albany, on behalf of the New York State Nurses' Association, to provide for the supervision of all training-schools for nurses by the State Board of Regents. It is understood that a minimum course of two years in an incorporated hospital or training-school will be a *sine qua non* to the attainment of a diploma. It is hoped by this measure to put a stop to persons posing as trained nurses after a few months' work in private and often ill-qualified sanitariums.—*New York Medical Journal*.

EDITOR'S MISCELLANY



A CRUSADE FOR A THOUSAND EYES—HOW NEW YORK'S DEPARTMENT OF HEALTH IS TRYING TO PUT AN END TO TRACHOMA AMONG THE CHILDREN OF THE CITY.—When the Commissioner of Health, Dr. Ernst J. Lederle, took up the subject of trachoma, or contagious eye disease, in the schools in the late spring of 1902 it was to all intents and purposes a forgotten subject, of interest only to a few eye specialists in the dispensaries, who realized the extent to which the disease had spread, and its danger to the younger generation of New York City. A few physicians were interested in the eradication of trachoma, but almost nothing was known popularly regarding its extent.

While I do not, of course, attempt to speak of trachoma technically, as that is peculiarly the province of the physician, the layman can safely utter a few facts regarding the disease. The first of these seems to be the fact that it is almost always an accompaniment of filth, and is generally more prevalent among people whose standard of cleanliness is not high. It has always been endemic in parts of Europe, and historians tell us that it was brought back in epidemic form by Napoleon's soldiers from Egypt after his campaign there. Those who have seen the blind beggars of the Nile country need not be reminded how great a scourge the disease can become. In the United States the disease undoubtedly had its origin with immigrants, especially in recent years, when this immigrant influx has been drawn to such an extent from the dirtier and more degraded elements on the Continent. Trachoma spreads rather slowly, and for that reason its transmission from one person to another in this country has been gradual. More marked, of course, in tenement districts, for obvious reasons, the spread of the disease has not been confined to those districts, but is found in other sections of New York City generally supposed to be rather high in the scale of cleanliness.

As a result of neglect by the municipal authorities, extending over a considerable period of years, a very large number of cases had undoubtedly accumulated in New York, afflicting persons of all ages. Medical inspectors of the Department of Health have frequently been confronted with the statement of parents that their children "needed no treatment for sore eyes," that "they themselves had had sore eyes all their lives, and their fathers before them." This experience is many times repeated on the East Side, where whole families are afflicted with the disease. This condition of affairs obtained early in June last, when, at the suggestion of Dr. Richard H. Derby, a member of the Medical Advisory Board of the Health Department, Commissioner Lederle decided to take up the question of trachoma to see whether anything could be done to check its spread in the schools and secure the treatment and cure of persons thus afflicted.

The first step was to get an idea of the conditions. To do this, a special corps of a dozen physicians was selected, which, with four or five from the Department of Health, made an examination of about fifty-five thousand children in various public schools more or less typical of different city districts. The results of this examination were surprising, even to those who had some knowledge of the conditions. The Health Board had known, for example, that at certain times in some public institutions as many as fifty per cent. to seventy-five per cent. of the children were afflicted with trachoma, but it was thought that this represented extreme conditions. The board was astonished, therefore, to learn

that in some public schools from twenty per cent. to thirty per cent. of the scholars had trachoma in one or another stage of the disease, and were, of course, gradually infecting others. This examination lasted during the final fortnight of the public-school sessions in June, and showed plainly that the work of fighting trachoma should be taken up at once and vigorously. Other schools were found to be in much better condition than the one referred to, but the average of the schools examined indicated that almost exactly twelve per cent. of these fifty-five thousand children had trachoma. Adapting these figures to the total number of school children in New York City gave rather roughly an idea of the extent of the work to be done.

If any confirmation had been necessary regarding the extent of trachoma, it might have been gained from an examination of patients in the public baths. This examination was made last summer by specialists in the employ of the Health Department, and it was found that in some baths fully fifty per cent. of the bathers were affected with the disease. It was found to be more prevalent there among the boys and men than upon the women's side of the baths. The explanation of this high percentage in the public baths is, I think, to be found in the fact that cleanly persons in the tenement districts avoid these baths, knowing that many people whom they meet there are very apt to be diseased. On several occasions, after having been at one of the beaches for a swim on a summer afternoon, I have gone down on the East Side to one of the settlements and asked the boys whether they, too, went swimming. Some said they did not know how to swim; others that they did not like to go to public baths because the baths were dirty and the people who went there were not "nice." Evidently their dread of catching trachoma was all but instinctive. It was unfair, too, to expect them to use and enjoy the public bath facilities in the form in which they have been offered. I venture to say that these baths have never been kept as they should. Certainly they were not so kept last summer, for the Board of Health had occasion to call the attention of the borough president to that matter, and to show him that in certain cases his subordinates in the Bureau of Public Buildings were leaving the bath-houses filthy and the closets attached to them foul with excrement. No wonder tenement dwellers who strive to keep themselves clean avoid such places.

When the Health Department on the opening of the public schools in September reorganized its division of medical school inspection, it was recognized that the fight against trachoma must be an important part of the work. The physicians who were to do the work of medical inspection were especially instructed as rapidly as could be in making a diagnosis of trachoma, Dr. Derby having voluntarily organized temporary classes for these inspectors at the New York Eye and Ear Infirmary. On the day the schools were opened every school was "covered by medical inspection," and during the first week a very large number of children were excluded, not only because of trachoma, but for major and minor contagious affections more generally recognized as an unfortunate but prevalent concomitant of public-school instruction. When I say that more children were excluded for contagious disease the first week of the current school year than had been excluded in the entire school year previous, it will be understood that the work of school inspection no longer remained a mere formality. In previous years it had been the practice of the school inspectors to examine only the pupils set aside by the teacher or principal as sickly. The absurdity of leaving questions of diagnosis to a layman would seem to be apparent,

though, strangely enough, it had never aroused any comment previous to last year.

Trachoma cases were excluded in great numbers, but readmitted to school as soon as they were under treatment. The departmental physicians directed the children to go either to their private physicians or to dispensaries for treatment, but in a short time it was evident that the existing dispensaries could not handle the work. Some of them showed an increase in the number of trachoma cases treated which was enormous, the increase in one institution being no less than fourteen hundred per cent. and in another nine hundred per cent. Obviously, existing facilities were inadequate. Physicians from all the large dispensaries met at Commissioner Lederle's office one day late in November, and nearly all of them reported that if they were to be called on to treat so much trachoma they must have extra funds from the city. The New York Eye and Ear Infirmary actually shut down one of its other departments in order to avoid going further into debt. But getting money from the city was doubtful, and in any case it meant serious delay, for the Board of Estimate and Apportionment and the Board of Aldermen are still "deliberative bodies;" so a short cut was devised.

On Thursday afternoon, December 11, Commissioner Lederle telephoned to President Brannan, of the Board of Trustees of Bellevue and Allied Hospitals, and asked him if he could lend the Department of Health any building for use as a trachoma dispensary. Dr. Brannan replied that he could not think of any available place, but would try and find one. That night he telegraphed to Commissioner Lederle to call him up next day, and by Friday afternoon the building had been inspected and the necessary orders issued. On Saturday two wards and an operating-room in the old Gouverneur Hospital were cleaned and painted, and Dr. Brannan ordered the furniture for them. On Monday a second coat of paint was applied and the furniture installed, and on Tuesday morning, December 16, the new dispensary was opened with nurses from Bellevue and the Health Department, and surgeons skilled in trachoma operations under the employ of the Department of Health.

Since that time the new dispensary has treated several times as many cases of trachoma as any one of the existing dispensaries in this city. At this writing, February 2, there have been treated and are under treatment sixty-three hundred persons, practically all of them children from the public schools. As soon as they have been placed under treatment they go back to school bearing a card showing that they are under the care of the Health Department and are no longer dangerous to their schoolmates. The department has on its dispensary roll as new cases upwards of seventeen hundred who have cards admitting them to treatment, but whom it has not yet been able to treat. Besides this, it has operated upon about five hundred cases which were in the stage requiring operation. The operation is a very painful one, involving the use of anesthetics, and this entails in most cases the retention of a patient in a ward over night. The figures given show plainly that there is room for still another dispensary devoted entirely to trachoma work.

If this work is continued, there is no reason why trachoma should not be stamped out in New York City. The Commissioner of Immigration, William Williams, is using his best efforts to keep out new cases of trachoma, and there is a highly satisfactory degree of coöperation between the Immigration Bureau and the Department of Health. Under these conditions the fight against trachoma can hardly fail to be successful.—R. C. W. WADSWORTH, in *Charities*, February 7, 1903.

EDITORIAL COMMENT



THE NAVY BILL

THE Navy Bill, of which a copy is given in this number, is considered to be as fair a measure as can be expected at this time. We are informed upon good authority that Mrs. Kinney, the superintendent of the Army Nurse Corps, was consulted by the navy officials who framed the bill, and that her suggestions were acted upon in regard to a number of important points. We also know that much very strong social and political influence has been brought to bear upon the bill, and if it become a law, it will be because of a force broadly distributed, and not by the influence of any one person or organization.

We shall hope to see proper provision made by the government for the representation of the Army Nurse Corps at the International Congress of Nurses to be held in Berlin in 1904. The medical department of the army is usually officially represented at great medical congresses, and it would seem only fitting that the Nurse Corps should be given dignified recognition upon the same lines. The Nurse Corps is now a permanent organization, and each year an effort should be made to secure official recognition of the corps as one of the professional departments of the government.

THE LAW OF REGISTRATION IN NEW YORK STATE

We have been asked to give in these pages an explanation of the details of the working of the law of registration under the supervision of the Regents upon the lines proposed in the *New York* bill.

As a preliminary we will say that the University of the State of New York is not a university in the commonly accepted sense of the term, but is practically the Board of Education of the State, having its headquarters at the Capitol in Albany.

It is composed of nineteen elective Regents, supposed to be outside the pale of politics, with the Governor, Lieutenant-Governor, Secretary of State, and Superintendent of Public Instruction. The Regents are elected by the Legislature and serve for life without salary.

The University does not make the laws governing education, but executes them after they are made; its function is executive, and one of its most important duties is to see that proper standards are maintained, both for admission and for graduation in the various educational institutions under its care, comprising universities, high schools, and all other educational institutions above the primary grade.

Laws have already been passed and are in operation which regulate the education of physicians, dentists, veterinary surgeons, and public accountants. A system of registration is maintained in the State of the members of these four professions, the working machinery being practically the same for each, and the registration of nurses will add one more profession to the list already under the supervision of the University.

Taking the medical profession as the example, the registration of nurses when secured will be conducted practically as follows:

The New York State Nurses' Association will send to the Regents the names of ten of its members, from which ten names the Regents will select an Examining Board of five. This Examining Board will be required to organize and to agree upon the subjects for examination, dividing the subjects between the examiners. These examiners will then make up their questions, which will be sent sealed to the University. The examinations, which may be held simultaneously in New York, Albany, Syracuse, and Buffalo, will be conducted by officers in the employ of the University, who are not in any way connected with the New York State Nurses' Association. Each examination paper will be signed by a figure or symbol, instead of the applicant's name, sealed, and according to the subjects sent to the nurses who compose the Examining Board, who will mark the papers and return them to the University. According to the marking of these papers the applicant is registered and granted a license, or rejected.

The members of the Examining Board will not know the names of the nurses whom they are examining.

A record will be kept at the University of those nurses who are legally registered, and they will also be required to file their license to practise with the County Clerk, thus making it always possible to quickly ascertain whether or not a nurse is legally qualified and entitled to use the letters R. N.

NURSES IN THE FIELD

ONE point which many intelligent people fail to grasp in connection with the subject of State registration is that nurses already in the field in New York State will not be required to pass this examination, and that no woman, whether a graduate or not, will be prevented at any time from doing a nurse's work. Registration, in the beginning, will simply create a distinction between the nurses who have received a certain amount of education and those who have not had the same experience or advantages.

Nurses who are already graduates of training-schools whose standards are approved by the Regents may make application for a certificate or license, upon receipt of which they shall be permitted to use the title R. N., and have their names recorded in the County Clerk's office.

In granting these certificates the Regents will be advised by the Examining Board of Nurses, a point which serves to emphasize the fact that one of the most important features of this whole question is that while the working machinery of the law will be executed by the Regents of the University, the nurses themselves, as represented by their Board of Examiners, will have a voice in fixing the standards for nursing education.

THE MORAL QUESTION

"A MEMBER of a Training-School Committee," in a letter in the present issue, raises the question as to what the nursing profession proposes to do with the unworthy graduates, of whom, the writer states, every training-school has a number.

It is hoped that with State registration at least a partial means of what we will call moral control will be possible.

The medical qualifications for registration require that a man shall be of good moral character, and yet it is a perfectly recognized fact that neither the

medical profession, nor any of the other professions, have yet devised a means by which members can always be excluded who fail to conform to the highest moral standards.

The bills framed by the "New York State Nurses' Association" and the "Illinois State Nurses' Association" include the clause that among other requirements "a woman must be of good moral character;" and provision is made in both bills by which a certificate may be revoked for sufficient cause, etc.

Whether or not the nursing profession will be able to accomplish what the other professions have failed to secure is a question that time only can prove.

The nursing profession is acutely conscious of the defects of the present methods of training and of the shortcomings of many of the women in its ranks, but it feels that until it has a voice in the making of its own standards, until it has a right to determine who shall be admitted to its ranks, it is hardly just and hardly fair for it to be held responsible for all of the uneducated and immoral women whom the State and society permit to call themselves trained nurses.

We detect in this letter a tone of sarcasm that seems to us uncalled for, in view of the fact that trained nursing to-day is very largely what laymen (and by laymen we mean members of boards and physicians) have made it.

Even now the woman who holds the position of superintendent of a training-school is, in very few instances, permitted to use her judgment when it comes to a question of retaining or rejecting what she considers to be an undesirable pupil. Experience trains a superintendent's perceptions to such a degree that frequently, without being able to make charges based upon facts which shall be satisfactory to a training-school board, she is absolutely certain that one or two pupils in her school are not the right kind of women.

As the writer of this letter has said, they may have been endorsed in the highest terms by unquestionably responsible people, they perform their manual duties skilfully, they are exceptionally bright in class, they are popular both with patients and physicians, and yet there is a certain something about them that marks them as being morally unfit, and the Training-School Committee as well as the law and alumnae associations can listen only to charges based upon facts.

Where such a nurse has gone out into the world to "disgrace her diploma" we question whether in one single instance her moral unfitness has passed unrecognized by her superintendent.

We have passed the stage where nursing is to be looked upon as a religious calling. The public must learn that nursing is a profession, and that the women who enter this profession represent the average degree of womanliness, intelligence, and morality of the different classes of society from which they are drawn. When the public recognizes this fact nurses will not be so severely criticised or discriminated against, as we feel is done by the writer of the letter referred to. It is not an altogether unusual thing for a nurse to be called upon to care for a *lady* suffering from the "gin" habit or the "morphia" habit, and infidelities in domestic life are not infrequently recognized by her in the discharge of her professional duties.

We do not excuse the faults or the shortcomings of the women of our own profession, but we ask for them fair play, more especially from that great body of women to whom they are indebted for the existence of their profession, and

who have had opportunity to know the difficulties of keeping the ranks filled with perfect women.

PROVISION FOR AGED NURSES

THE subject of provision for trained nurses in their old age is another question which is raised by one of our correspondents in the present number.

Here again we are opposed to treating nurses as a distinct class, and as requiring greater consideration from the public than other bodies of working people. In so far as nurses can provide for each other either in old age or sickness, it seems perfectly legitimate that it should be done. Actors and authors make provision for their own members, as do other professions, and we think it will naturally follow with closer organization that provision for aged nurses will be made by the members of their own profession, and it is not too soon to begin to consider some measures leading in this direction.

If beds are to be endowed in hospitals for the use of nurses, they should be endowed by nurses; and if homes are to be established or provision made for the care of aged nurses, it must be by nurses, and not in any way by an appeal to the general public.

After all, there are very few women in the profession who have not some home ties or connections, and there are many occupations less arduous than nursing which a woman may follow, earning at least a partial livelihood, after she has passed the years when active nursing work is possible, and the fact that she is willing to perform such work as she is able to do, instead of becoming dependent upon anyone in her declining years, should not lessen the respect with which she is regarded by the more fortunate members of her profession.

BILLS BEFORE THE LEGISLATURE

THE *North Carolina State Nurses' Association* is to be congratulated upon having been the first to report a bill before the Legislature. A brief account of the situation is given in the "Official Department," which shows that although the bill passed the House successfully, it was meeting with opposition from proprietors of private sanatoria and one hospital, which were evidently unwilling or unable to give to their pupils that minimum amount of education or "training" that the State should decide to be necessary.

In *Illinois* the situation is equally interesting. We quote from a letter received from the president, Mrs. Hutchinson, which gives the situation in a nutshell:

"Our bill is before the General Assembly. Whether or not it ever leaves that august presence is a question, but the unity that has come as a result of the organization among the nurses is worth having worked for.

"We prepared our original bill, which you have printed, the State Board of Health presented a second bill, and now we, in conjunction with the State Board of Health, have drawn up a compromise bill which in some respects is better than either of the other two. While we do not get a separate board (the granting of separate boards being entirely against the custom of this Legislature), we get an 'Examining Committee for Registration of Nurses of the State Board of Health,' to consist of three nurses and the secretary of the State Board of Health. These nurses are to be appointed from recommendations made by the Illinois State Association of Graduate Nurses, and one of the three is to hold

the office of assistant to the secretary of the State Board of Health. She is to have an office in Chicago and to be paid a salary of twelve hundred dollars a year and expenses (travelling, etc.). An important provision in this bill is that this committee shall investigate training-schools and see that the work they are doing comes up to the required standard. I shall send you a copy of this bill as soon as I get one. I fully believe we will have State registration here before June 1. Our bill does not reserve the right to use 'trained' or 'graduate,' as that interferes with 'vested rights' and would not pass, but we do reserve the right to use 'registered' and 'licensed.'"

Mrs. Hutchinson also reports an interesting quarterly meeting held on February 9, with seventy-five members present.

In *New York*, since the January meeting, the legislative committee of the New York State Nurses' Association has been exceedingly active. Much pressure was brought to bear upon the committee by the secretary of the Board of Regents of the University to strike out the words "general" and "State hospitals" in the first section of the bill, it being his opinion that the chances of passing the bill would be much greater if this concession was made before the bill was introduced, and this the committee decided to do after very careful consideration and able advice.

The bill as it is to be presented is given in full in the official department, and it will be seen that the educational qualifications are safeguarded by the phrase "as maintaining in this and other respects proper standards, all of which shall be determined by the Regents of the University of the State of New York."

It is perfectly understood that the opposition to the New York bill will be very great, and it comes from two recognized sources. New York State has an unlimited number of small private hospitals and sanatoria that are commercially opposed to the bill, and a commercial opposition to an educational measure usually, at first, carries much political influence. Eventually, when the opposition has served to educate the public, the *right* wins. The other source of opposition comes from the *minority* of the New York State Nurses' Association, the "rule or ruin" element that almost every large organization has to contend with, and which often serves as a stimulus to more active work on the part of the majority.

On February 16 a bill was introduced to the Assembly by Mr. Nye, of Schuylcr County, brother of Miss Sylveen Nye, of Buffalo, asking for the registration of nurses under the *Secretary of State*. The only qualification called for, as we interpret the bill, is a sworn statement from the individual that he or she is *entitled* to registration, and the privilege seems to be granted equally to nurses who have not been given a diploma. This measure calls for no educational standards, is not safeguarded by supervision of the Regents of the University, and while it might serve the purpose of an entering-wedge, from the standpoint of educational advancement it asks for nothing and its passage would mean nothing to the profession.

Probably before this number of the JOURNAL is ready for circulation the fate of these bills in all three States will be decided. We can only repeat what we have said in these pages before, that even with *failure* we shall have made great progress because of the educational influence of agitation.

As we go to press *New Jersey* reports a bill before the House. *Virginia* nurses have not reported, but we know they are not idle. We offer our congratulations in advance to the first State to report a bill "*passed*."

THE New York State Nurses' Association at the January meeting admitted to membership a number of individuals and organizations, making its constituency seven hundred and fifty members. With the applications now in the hands of the secretary, to be approved at the meeting in April, the number will run up to more than twelve hundred—not a bad record in two years. Every step taken by the society has been open to the light of day. The bill presented has been published in nursing journals and the daily press and has been discussed in two open meetings, where every nurse who has had interest enough to be present has had an opportunity to express her views.



